Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service 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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

20 19
Open to Public Inspection

A F	or th	e 201	9 calendar year, or tax year begir	ning 10/	01 , 2019,	and ending	<u> </u>		09/3	30 ,20 ₂	0	
B c	heck if ap	onlicable:	C Name of organization				D	Employer ide	entificati	on number		
_	Addre		CAPITAL FOR GOOD USA									
	chang		Doing Business As		,			27-0915				
	Name	change	Number and street (or P.O. box if mail is		S)	Room/suite		Telephone n				
	Initial	return	1536 E. LANCASTER AVEI	-			()	(610) 254-0000				
	Termi		City or town, state or province, country, a	and ZIP or foreign postal code								
	Amen	า	PAOLI, PA 19301					Gross receip			58,257. es X No	
	Applic pendi		F Name and address of principal officer:	KAREN ROBINSC			H(a	H(a) Is this a group return for subordinates?				
			1536 E. LANCASTER AVEI	NUE, PAOLI, PA	19301			Are all subord				
<u> </u>		empt st) (insert no.)	4947(a)(1) o	r 527		•	,	ee instruction	s)	
_			WWW.CAPITALFORGOOD.ORG			1	`	Group exem				
_				Association Other		L Year of	formation:	2009 M	State of	legal domic	ile: PA	
P	art I		mmary		TO 7.T.T.	D77T 7 TD T		V AND C	ומסטוו	TNIC AN		
_	1		y describe the organization's mission o ANCE HEALTH, EDUCATION,							CING AL		
Activities & Governance			ANCE HEALIH, EDUCATION, NERABLE AND MARGINALIZEI									
rna												
ove.			k this box if the organization d			1 1		5.				
ტ ფ	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3		4.	
es			per of independent voting members of t						4		0.	
<u>viti</u>			number of individuals employed in cale						5		4.	
Λcti	0	Total	number of volunteers (estimate if necess	sary)					6		0	
`			unrelated business revenue from Part V						7a		0	
	D	net ui	nrelated business taxable income from	Form 990-1, line 34		· · · · · · ·		rior Year	7b	Curren		
		0 4	ibutions and assets (Dont) (III line 4b)					3,276,37	'a		65,953	
ine	8	Drage	ibutions and grants (Part VIII, line 1h)		COPY	FOR		7,210,31	0.		00,000	
Revenue	10	Progra	am service revenue (Part VIII, line 2g) tment income (Part VIII, column (A), line		PUBLIC IN	SPECTION		170,66			92,304	
	1		revenue (Part VIII, column (A), lines 5,					170,00	0.		0	
	12		revenue - add lines 8 through 11 (must			13	13,447,046.		11.7	58,257		
_	13		s and similar amounts paid (Part IX, colu					1,285,98			38,752	
			its paid to or for members (Part IX, colu					1,203,50	0.	3,7,	0	
	4.5		ies, other compensation, employee bene					0.				
Expenses	162		ssional fundraising fees (Part IX, column				0.		0			
ber	h	Total	fundraising expenses (Part IX, column (I	7 (A), line 25)	0							
Ä	17		expenses (Part IX, column (A), lines 11				2	2,364,82	22.	3,6	39,613	
			expenses. Add lines 13-17 (must equal					5,650,80			78,365	
			nue less expenses. Subtract line 18 from					5,796,24			79,892	
or		110101	Tab 1000 experience. Cabilder into 10 frest					g of Current \		End of		
ets	20	Total	assets (Part X, line 16)			-	20	0,026,39	6.	24,3	51,842	
Ass Ba	21		liabilities (Part X, line 26)					431,27			76,828	
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21				19	,595,12	22.	23,9	75,014	
	rt II		gnature Block									
Un	der per	nalties o	of perjury, I declare that I have examined th	is return, including accompa	nying schedul	es and statem	ents, and	to the best of	my kno	wledge and	belief, it is	
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all inforr	nation of whic	n preparer nas	any know	Ť				
0:-								3/15/2	2021			
Sig			Signature of officer					Date				
He	re		KAREN ROBINSON									
			Type or print name and title									
Paid	1	Print/	Type preparer's name	Preparer's signature		Date		Check	if PTI	N		
	a parer	BRA	D CARUSO	BRAD CARUSO		02/26/	2021	self-employ		012491	34	
	Only	Firm's	s name ▶ WITHUMSMITH+BROW	N, PC			Fin	III 0 E II 1		27092		
			s address ONE TOWER CENTER BLVD 1				Ph	one no.	732-8	328-161	_4	
May	the II	RS dis	scuss this return with the preparer show	n above? (see instructions)	<u>.</u>				X Yes	No	
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.						Form 9	90 (2019)	

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Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	х х
1		describe the organization's mission: ACHMENT 1	
2	prior Fo	organization undertake any significant program services during the year which were not listed on the orm 990 or 990-EZ?	Yes X No
2		describe these new services on Schedule O. organization cease conducting, or make significant changes in how it conducts, any program	
3	services'	s?	Yes X No
4	expense	be the organization's program service accomplishments for each of its three largest program services es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allow all expenses, and revenue, if any, for each program service reported.	
	WORLD DONORS) (Expenses \$ 7,281,882. including grants of \$ 3,738,752.) (Revenue \$ SA OFFERS DONORS THE OPTION OF FLEXIBLE WAYS TO CONTRIBUTE TO CHANGING PROJECTS AND TO ENLARGE THE POOL OF POTENTIAL S ABLE TO FUND THESE PROJECTS. IT WAS FORMED TO FUND	100,000)
		ITARIAN DEVELOPMENT AND EMERGENCY ASSISTANCE WORK IN THE D STATES OF AMERICA AND THE REST OF THE WORLD. CAPITAL FOR	
	GOOD (USA WORKS IN PARTNERSHIP WITH CHARITABLE OPPORTUNITY	
		DERS AND THEIR DONORS TO PLACE CHARITABLE FUNDS IN THE HANDS	
		ALLER, INDIGENOUS ORGANIZATIONS DOING PHILANTHROPIC WORK IN NITED STATES OF AMERICA AND AROUND THE WORLD.	
		THE STITES OF TREMEST THE PROOFES THE WORLD.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: _) (Expenses \$including grants of \$) (Revenue \$)
4d	-	program services (Describe on Schedule O.)	
	(Expens	ses \$ including grants of \$) (Revenue \$)	

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Part IV Checklist of Required Schedules Page 3

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
1	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
	election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Λ
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
;	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
	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			37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		21
	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		Х
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		Х
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			3.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
I	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	
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	
	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		3,7	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
•	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15	Х	
	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	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
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
l	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		X	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u>د ۲</u> ا	
Λ.	domestic government on Fartix, column (Ft), mile 1: n Tes, complete deficidate 1, Fartis Fartis III.	_	^^^	(2019)

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Part	Checklist of Required Schedules (continued)		V	N.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
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			v
00	persons? If "Yes," complete Schedule L, Part III	27		X
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		28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		- 21
C	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive more than \$25,000 in horizontal treasures, or other similar assets, or qualified	23		
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	<u> </u>		
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
-	or IV, and Part V, line 1	34	Х	
35 a	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			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	
9E1030		Form	990	
	8467GF M998 2/26/2021 1:48:22 PM V 19-7.9F 6082515		PA	AGE

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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).			
5a	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		Х
	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			
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	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			
·	required to file Form 8282?	7c		
ч	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
		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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	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			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
-	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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. 0	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			X
Sect	ion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	committee, explain on Schedule O. 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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or 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			
_	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and 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		Х
b	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
	with a taxable entity during the year?	16a		Х
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		
Sect	on 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-T	(Sec	tion 5	01(c)
-	(3)s only) available for <u>public</u> inspection. Indicate <u>how</u> you made these a <u>vailable</u> . 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 or	f inte	est r	olicv
-	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 610-254-0000	s ►		

Form **990** (2019)

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.

	1	1						,	I		
(A) Name and title	(B) Average hours per week	box, unless person is both an					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)		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	1.50										
DIRECTOR, TREASURER, SECRETARY	0.	Х		X				0.	0.	0	
(2) JOANN FLETT	.50										
DIRECTOR	0.	Х						0.	0.	0	
(3) RAVI BALA	1.00										
DIRECTOR, CHAIR, PRESIDENT	0.	Х		X				0.	0.	0	
(4) JAKI NESBITT	.50										
DIRECTOR	0.	X						0.	0.	0	
(5)LESLIE SWOPE	.50										
DIRECTOR	0.	Х						0.	0.	0	
(6)											
(7)											
(8)											
(9)											
(10)											
<u>(11)</u>											
(12)											
(13)											
(14)											

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	n 990 (2019)	iotogo Va	F				d L	اسال	haat Campanast	ad Employees /-			age o
Pa	rt VII Section A. Officers, Directors, Tru		y En	ipic			and r	ııgı		1 1	ontinue		
	(A) Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anizatio d related anization	t
С	Sub-total Total from continuation sheets to Part VII, S	ection A						>	0.	0.			0.
	Total (add lines 1b and 1c)	limited to t	hose	liste			e) who	o re	0 . eceived more than	0.] \$100,000 of			0.
	reportable compensation from the organization	<u> </u>	0.									V	N-
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3	Yes	No X
4	For any individual listed on line 1a, is the sorganization and related organizations greatering to the state of the state	eater than	\$15	0,0	00?) If	"Yes	5,"	complete Schedu	le J for such	4		X
5	 individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 						5		X				
Se	ection B. Independent Contractors	oo, comple	.0 001	iout		, 101	Julii	μσι					
1	Complete this table for your five highest com compensation from the organization. Report c year.												
								_					

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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 ▶ 2

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Part VIII Statement of Revenue

Par	t VIII	Check if Schedule O contains a respon	se or note to am	ov line in this Part \	/III		
		Oncok ii Genedale O dentains a respon	se of flote to all	(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	11,565,953.				
Sontrib and Oth	g	Noncash contributions included in lines 1a-1f					
	h	Total. Add lines 1a-1f		11,565,953.			
ervice Ie	2a b	PROJECT REVENUE	Business Code 900999	100,000.	100,000.		
Program Service Revenue	c d e						
	f g	All other program service revenue Total. Add lines 2a-2f		100,000.			
	3	Investment income (including dividends, other similar amounts)	▶	92,304.			92,304.
	4 5	Income from investment of tax-exempt bond Royalties		0.			
	6a b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c					
	d 7a	Net rental income or (loss)	(ii) Other	0.			
evenue	b	Less: cost or other basis and sales expenses 7b					
Other Rev	c d	Net gain or (loss)	▶	0.			
ğ	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a	0.				
	b c	Less: direct expenses	0.	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b c	Less: direct expenses	0.	0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	b C	Less: cost of goods sold		0.			
Miscellaneous Revenue	11a		Business Code				
lane	b						
Seve	С						
Mis	d	All other revenue	_	0.			
	<u>е</u> 12	Total revenue. See instructions		11,758,257.	100,000.		92,304.
JSA	14	. Juli 10 reliue. Oce ilisti dellolis I I I I I I I I		11,130,231.	±00,000.		92,304.

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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	10,000.	10,000.							
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	3,728,752.	3,728,752.							
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	0								
	section 401(k) and 403(b) employer contributions)	0.								
	Other employee benefits	0.								
	Payroll taxes	0.								
	Fees for services (nonemployees):	0.								
	Management	5,594.		5,594.						
	Legal	15,450.		15,450.						
	Accounting	0.		13,130.						
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17. Investment management fees	0.								
	Other. (If line 11g amount exceeds 10% of line 25, column									
9	(A) amount, list line 11g expenses on Schedule O.) ATCH 3	3,160,435.	3,109,435.	51,000.						
12	Advertising and promotion	1,119.	1,119.							
13	Office expenses	134,445.	130,786.	3,659.						
14	Information technology	27,549.	27,549.							
15	Royalties	0.								
	Occupancy	28,860.	28,860.							
	Travel	168,420.	168,420.							
	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0.								
19	Conferences, conventions, and meetings	76,961.	76,961.							
20	Interest	0.								
21	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization	0. 20,780.		20,780.						
	Insurance	20,780.		20,780.						
24										
	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.)									
_										
_										
C										
d										
	All other expenses									
	Total functional expenses. Add lines 1 through 24e	7,378,365.	7,281,882.	96,483.						
	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	3,226,072.	1	3,414,390.
	2	Savings and temporary cash investments	9,567,761.	2	13,660,065.
	3	Pledges and grants receivable, net	7,223,912.	3	7,190,673.
	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.
S	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 chargesATCH .4	8,651.	9	86,714.
	_	Land, buildings, and equipment: cost or other		-	37,121
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	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	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)	20,026,396.	16	24,351,842.
	17	Accounts payable and accrued expenses	431,274.	17	274,962.
	18	Grants payable	0.	18	101,866.
	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.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		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.		0.
	26	Total liabilities. Add lines 17 through 25	431,274.	26	376,828.
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	485,945.	27	617,925.
Ä	28	Net assets with donor restrictions	19,109,177.	28	23,357,089.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	19,595,122.	32	23,975,014.
ž	33	Total liabilities and net assets/fund balances	20,026,396.	33	24,351,842.
					Form 990 (2019)

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	70 (2013)					gc • =	
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			58,2 78,3		
2							
3	Revenue less expenses. Subtract line 2 from line 1	3			79,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		19,5	95,1	.22.	
5	Net unrealized gains (losses) on investments	5				0.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10		23,9	75,0	14.	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			,		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the				
	Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 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

CAI	PITA	L FOR GOOD USA					27-09157	57
Pa	rt I	Reason for Public Cha	rity Status (All c	rganizations must o	omplet	e this pa	rt.) See instructions	
The	orga	nization 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 desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	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	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated to section 170(b)(1)(A)(iv).		a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
6		A federal, state, or local go	-	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	=	An organization that norma	•			•		om the general public
•	$\overline{}$	described in section 170(b)	-	•	pport iii	om a go	vorminomar anni or m	om the general public
8		A community trust describe			Part II.)			
9		An agricultural research org					in conjunction with a	land-grant college
-		or university or a non-land-	=			-		
		university:	g	,	,		, , ,	
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt finent income and un on after June 30, 19	unctions - subject to on nrelated business tax 1975. See section 509 0	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
11		An organization organized	•	•	•		` '` '	
12		An organization organized	•	•			•	
		of one or more publicly su	· ·					
		Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete lir	nes 12e, 12f, and 12g.
а		J Type I. A supporting orga	•	•			• • • • • • • • • • • • • • • • • • • •	
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		ຸ supporting organization. `	-					
b			•					
		control or management of		=	the sam	e person	s that control or man	age the supported
		ຼ organization(s). You must	•					
С								ly integrated with,
		its supported organization		•				
d		☐ Type III non-functionally			•			• , ,
		that is not functionally into	-		-		•	d an attentiveness
		requirement (see instruct	•	=				
е		Check this box if the orga						I, Type III
		functionally integrated, or			porting o	organizat	ion.	
ī		er the number of supported	=					
9		vide the following information				1		6-23.6
	(I) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	4 1							1

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 ATCH 1 ATCH 2 ATCH 3 ATCH 3 ATCH 3 ATCH 3 ATCH 3 Total. Add lines 1 through 3	0.
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.
organization's benefit and either paid to or expended on its behalf	0.
furnished by a governmental unit to the organization without charge	
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)	. 22,538,061.
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	
Section B. Total Support	8,047,183.
	14,490,878.
Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019	(f) Total
7 Amounts from line 4	. 22,538,061.
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 4,027. 386. 15,321. 170,667. 92,304	. 282,705.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	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	22,820,766.
12 Gross receipts from related activities, etc. (see instructions)	100,000.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here.	
Section C. Computation of Public Support Percentage	
Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	63.50%
Public support percentage from 2018 Schedule A, Part II, line 14	91.22 %
16a 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more,	
box and stop here. The organization qualifies as a publicly supported organization	
b 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or m	
this box and stop here. The organization qualifies as a publicly supported organization	
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and	
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.	•
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	
organization	
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a	
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and s	-
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as	
supported organization	
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and second the characters.	
instructions	

Schedule A (Form 990 or 990-EZ) 2019 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						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
7 a	Amounts included on lines 1, 2, and 3						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(a) 201 <i>E</i>	(b) 2016	(a) 2017	(4) 2010	(a) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10 a	Amounts from line 6. 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						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd. third, fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,		_	mn (f))		15	%
16	Public support percentage from 2018 Sche		•			16	%
	tion D. Computation of Investment					1 2 4 1	70
17	Investment income percentage for 2019 (lir			13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
	331/3% support tests - 2019. If the or						
	17 is not more than 331/3%, check thi	-					. \square
b	331/3% support tests - 2018. If the orga	-		•			
~	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of			-			

Schedule A (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 79 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 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Page 5 Schedule A (Form 990 or 990-EZ) 2019

				- 3
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 (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
ocotii	51 D. Type I Supporting Significations		Yes	No
	Did the Province to the consequence of the conseque			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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.			
0 1		2		
Section	on C. Type II Supporting Organizations		Vaa	N _a
			Yes	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		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	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 government entity (see	instruc	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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 (a) 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.	24		
_	-	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the experience base the power to regularly experience a release a majority of the efficiency directors or			
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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionall	y integra	ited Type III supporting	g organization (see
instructions).	-		•

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

27-0915757

Schedule A (Form 990 or 990-EZ) 2019 Page **8**

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.)

UNUSUAL GRANTS

THE BILL AND MELINDA GATES FOUNDATION PROVIDED SIGNIFICANT GIFTS TO THE

ORGANIZATION THAT ARE BEING TREATED AS UNUSUAL GRANTS: FISCAL YEAR 2016 -

\$975,000 FISCAL YEAR 2013 - \$ 6,149,160 FISCAL YEAR 2012 - \$ 6,949,999

ATTACHMENT 1

SCHEDULE A, PART II - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2015

NAME OF CONTRIBUTOR	DATE	AMOUNT	EXPLANATION
GATES FOUNDATION	09/30/2016	975,000.	GLOBAL HEALTH ADVOCACY
TOTAL		975,000.	

ATTACHMENT 2

SCHEDIILE A	PART	ΤT	_	ORGANIZATIONS	RECETVING	ANY	UNUISUAL	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 3

SCHEDULE A	, PART	ΙI	_	ORGANIZATIONS	RECEIVING	ANY	UNUSUAL	GRANTS FO	$_{ m DR}$ 2018
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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

Schedule A (Form 990 or 990-EZ) 2019 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.)

ATTACHMENT 3 (CONT'D)

SCHEDULE A, PART II - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2018

NAME OF CONTRIBUTOR DATE AMOUNT EXPLANATION

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

2019

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, 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) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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
1_		\$1,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$1,112,034.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization CAPITAL FOR GOOD USA

Employer identification number 27-0915757

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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

art II	Noncash Property	(see instructions). Use duplicate c	opies of Part II if ad	ditional space is needed.
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(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) (2019) 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 the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 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	· · · · · · · · · · · · · · · · · · ·

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures, o	r Other	Similar Assets (continued)	rage =
3	Using the organization's acquisition	on, accession, and	other reco	ds, check	any of th	e follow	ing that make sigr	nificant use	of its
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan	r exchange	e prograr	n		
b	Scholarly research		е _	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collection	s and expl	ain how t	hey furthe	r the org	ganization's exemp	t purpose i	n Part
	XIII.								
5	During the year, did the organization						_		_
_	assets to be sold to raise funds rath		tained as pa	art of the o	organizatio	n's collec	tion?	Yes	No
Pa	rt IV Escrow and Custodial A			200 5		•		. –	
	Complete if the organiza 990, Part X, line 21.	ation answered "Y	es" on For	m 990, F	art IV, Ilne	e 9, or re	eported an amoui	nt on Form	1
4-		a austadian ar ath		liam, fama			· cocata not		
та	Is the organization an agent, truste							Yes	No
b	included on Form 990, Part X? If "Yes," explain the arrangement i	n Part VIII and com	plote the fo	llowing tah				res	NO
D	ii res, explain the arrangement	II Fait Aili ailu coili	ipiete trie io	ilowing tac	,ie.	1	Amount		
С	Beginning balance				1c		71110411		
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am					ustodial	account liability?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	nere if the e	xplanation	has been p	provided o	on Part XIII	[
Pa	rt V Endowment Funds.								
	Complete if the organiza	ation answered "Y	es" on For	m 990, F					
		(a) Current year	(b) Prio	or year	(c) Two yea	ars back	(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								-
g	End of year balance		·						
2 a	Provide the estimated percentage Board designated or quasi-endown		end balanc	e (line 1g,	column (a)) held as:			
b	Permanent endowment ▶								
c	Term endowment ▶								
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.						
3a	Are there endowment funds not in			ation that	are held ar	nd admin	istered for the		
	organization by:							Ye	s No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations list	ed as requir	ed on Sch	edule R?.			3b	
4	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ Complete if the organize	u ipment. ation answered "Y	es" on Fo	rm 990 F	Part IV lin	e 11a S	See Form 990 Pa	rt X line 1	0
	Description of property	(a) Cost of	or other basis		or other basis			l) Book value	0.
		(inve	stment)	(0	ther)		eciation		
_	Land								
b	Buildings			-					
Q C	Leasehold improvements								
d	Equipment								
	I. Add lines 1a through 1e. (Column		m 990. Part	X. columi	n (B), line 1	0c.)	•		

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities. Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11b. See Form 990, F	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatior Cost or end-of-year market	
(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.		Deat IV 15 44 - 0 F 000 F)t V - !: 40
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuatior Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets. Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11d. See Form 990, F	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)	<u></u> ▶	
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
	ral income taxes	,		. ,
(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		·	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

Schedule D (Form 990) 2019 Page 4

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments	58,257.
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
C Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	58,257.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	-0.055
	58,257.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	70 241
1 Total expenses and losses per audited financial statements	78,341.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	-24.
e Add lines 2a through 2d	78,365.
5 Cubitact line 2e from line 1	70,303.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	78,365.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	70,303.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. SEE PAGE 5	rt X, line

Part XIII Supplemental Information (continued)

PART X LINE 2

INCOME TAX FOOTNOTE

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 SEPTEMBER 30, 2020 AND 2019. THE ORGANIZATION HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIOD REPORTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS.

PART XII LINE 4B

CFG IMPACT ACTIVITY WAS \$(24) FOR THE YEAR ENDING SEPTEMBER 30, 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.

► 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

CAP	ITAL FOR GOOD USA				27-09157	57
Part	General Information o Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the organization a	inswered "Yes" or
	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	ction criteria used to	X Yes No
	For grantmakers. Describe in loutside the United States. Activities per Region. (The follow	_			-	d other assistance
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(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
(1)	CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		586,813.
(2)	SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		2,037,694.
(3)	SOUTH ASIA	0.	0.	GRANTMAKING		1,114,248.
(4)	CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	GFF PROGRAM	97,173.
(5)	SUB-SAHARAN AFRICA	0.	19.	PROGRAM SERVICES	GFF AND FAH PROGRAM	1,227,003.
(6)	SOUTH ASIA	0.	0.	PROGRAM SERVICES	GFF PROGRAM	133,705.
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal Total from continuation sheets to Part I		19.			5,196,636.

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

c Totals (add lines 3a and 3b)

5,196,636. Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99						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	7,260.	WIRE			FMV
(2)			SOUTH ASIA	GFF GRANTS	7,227.	WIRE			FMV
(3)			SUB-SAHARAN AFRICA	GFF GRANTS	24,347.	WIRE			FMV
(4)			SUB-SAHARAN AFRICA	GFF GRANTS	21,976.	WIRE			FMV
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	45,769.	WIRE			FMV
(6)			SUB-SAHARAN AFRICA	GFF GRANTS	13,700.	WIRE			FMV
(7)			SOUTH ASIA	GFF GRANTS	39,275.	WIRE			FMV
(8)			SUB-SAHARAN AFRICA	GFF GRANTS	31,990.	WIRE			FMV
(9)			SUB-SAHARAN AFRICA	GFF GRANTS	49,658.	WIRE			FMV
							I		

(13)	SUB-SAHARAN AFRICA	GFF GRANTS	9,824.	WIRE		FMV
(14)	SUB-SAHARAN AFRICA	GFF GRANTS	7,200.	WIRE		FMV
(15)	SOUTH ASIA	GFF GRANTS	21,623.	WIRE		FMV

GFF GRANTS

GFF GRANTS

GFF GRANTS

GFF GRANTS

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SOUTH ASIA

12,056.

37,100.

7,872.

9,855.

WIRE

WIRE

WIRE

WIRE

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	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) 2019

FMV

FMV

FMV

FMV

(10)

(11)

(12)

(16)

Schedule F (Form 990) 2019

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)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	49,619.	WIRE			FMV
(2)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	7,120.	WIRE			FMV
(3)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	62,050.	WIRE			FMV
(4)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	23,244.	WIRE			FMV
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	13,366.	WIRE			FMV
(6)			SUB-SAHARAN AFRICA	GFF GRANTS	5,400.	WIRE			FMV
(7)			SUB-SAHARAN AFRICA	GFF GRANTS	16,153.	WIRE			FMV
(8)			SUB-SAHARAN AFRICA	GFF GRANT	13,625.	WIRE			FMV
(9)			SOUTH ASIA	GFF GRANTS	37,034.	WIRE			FMV
(10)			SUB-SAHARAN AFRICA	GFF GRANTS	46,467.	WIRE			FMV
(11)			SUB-SAHARAN AFRICA	GFF GRANTS	9,270.	WIRE			FMV

(16)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	55,640.	WIRE		FMV
2	Enter total number of recipient orga	anizations listed abo	ve that are recognized as o	harities by the	foreign country, red	cognized as ta	x-exempt	
	by the IRS, or for which the grantee	or counsel has prov	rided a section 501(c)(3) ed	uivalency lette	r		.	

GFF GRANTS

GFF GRANTS

GFF GRANT

GFF GRANTS

24,177.

47,020.

42,922.

46,400.

WIRE

WIRE

WIRE

WIRE

SOUTH ASIA

SOUTH ASIA

3 Enter total number of other organizations or entities

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

Schedule F (Form 990) 2019

FMV

FMV

FMV

FMV

(12)

(13)

(14)

(15)

Schedule F (Form 990) 2019

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)			SUB-SAHARAN AFRICA	GFF GRANTS	28,979.	WIRE			FMV
(2)			SUB-SAHARAN AFRICA	GFF GRANTS	21,497.	WIRE			FMV
(3)			SOUTH ASIA	GFF GRANTS	18,591.	WIRE			FMV
(4)			SUB-SAHARAN AFRICA	GFF GRANTS	21,900.	WIRE			FMV
(5)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	17,150.	WIRE			FMV
(6)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	26,425.	WIRE			FMV
(7)			CENT. AMERICA/CARIBBEAN	GRR GRANTS	44,935.	WIRE			FMV
(8)			SUB-SAHARAN AFRICA	GGU GRANTS	55,429.	WIRE			FMV
(9)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	9,754.	WIRE			FMV
(10)			SUB-SAHARAN AFRICA	GFF GRANTS	38,804.	WIRE			FMV
(11)			SUB-SAHARAN AFRICA	GFF GRANTS	30,292.	WIRE			FMV
(12)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	54,495.	WIRE			FMV
(13)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	8,400.	WIRE			FMV
(14)			SOUTH ASIA	GFF GRANTS	19,007.	WIRE			FMV
, ,									

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	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

SOUTH ASIA

SOUTH ASIA

Schedule F (Form 990) 2019

FMV

FMV

(15)

(16)

GFF GRANTS

GFF GRANTS

12,496.

35,294.

WIRE

WIRE

Schedule F (Form 990) 2019

		<u> </u>	eived more than \$5,000			T .		1.5.	
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	39,619.	WIRE			FMV
(2)			SUB-SAHARAN AFRICA	GFF GRANTS	52,725.	WIRE			FMV
(3)			SUB-SAHARAN AFRICA	GGE CAPACITY	11,180.	WIRE			FMV
(4)			SUB-SAHARAN AFRICA	GGE CAPACITY	7,150.	WIRE			FMV
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	8,571.	WIRE			FMV
(6)			SUB-SAHARAN AFRICA	GFF GRANTS	11,069.	WIRE			FMV
(7)			SOUTH ASIA	GFF GRANTS	29,002.	WIRE			FMV
(8)			SUB-SAHARAN AFRICA	GFF GRANTS	22,400.	WIRE			FMV
(9)			SUB-SAHARAN AFRICA	GFF GRANTS	8,058.	WIRE			FMV
(10)			SOUTH ASIA	GFF GRANTS	52,000.	WIRE			FMV
(11)			SUB-SAHARAN AFRICA	GFF GRANTS	36,386.	WIRE			FMV
(12)			SUB-SAHARAN AFRICA	GFF GRANTS	11,220.	WIRE			FMV
(13)			SUB-SAHARAN AFRICA	GFF GRANTS	19,400.	WIRE			FMV

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	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

20,864.

9,656.

14,381.

WIRE

WIRE

WIRE

SOUTH ASIA

CENT. AMERICA/CARIBBEAN

CENT. AMERICA/CARIBBEAN

Schedule F (Form 990) 2019

FMV

FMV

FMV

(14)

(15)

(16)

Schedule F (Form 990) 2019

Part II			ations or Entities Outsi ived more than \$5,000.					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)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	8,400.	WIRE			FMV
(2)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	17,250.	WIRE			FMV
(3)			SUB-SAHARAN AFRICA	GFF GRANTS	113,442.	WIRE			FMV
(4)			SUB-SAHARAN AFRICA	GFF GRANTS	16,965.	WIRE			FMV
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	7,667.	WIRE			FMV
(6)			SUB-SAHARAN AFRICA	GFF GRANTS	44,537.	WIRE			FMV
(7)			SOUTH ASIA	GFF GRANTS	16,764.	WIRE			FMV
(8)			SOUTH ASIA	GFF GRANTS	32,592.	WIRE			FMV

GFF GRANTS

GFF GRANTS

GFF GRANTS

GGU CAPACITY

GFF GRANTS

GFF GRANTS

GFF GRANTS

13,448.

14,369.

23,157.

9,586.

56,777.

44,250.

22,837.

WIRE

WIRE

WIRE

WIRE

WIRE

WIRE

WIRE

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SOUTH ASIA

SOUTH ASIA

SOUTH ASIA

3 Enter total number of other organizations or entities

16)		SOUTH ASIA	GFF GRANTS	18,118.	WIRE		FMV
2	Enter total number of recipient orga by the IRS, or for which the grantee	•	•	•	ognized as ta	x-exempt	

Schedule F (Form 990) 2019

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(15)

Schedule F (Form 990) 2019

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 re	ecipient who rece	ived more than \$5,000. I	Part II can be o	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)	
(1)			SOUTH ASIA	GFF GRANTS	15,935.	WIRE			FMV	
(2)			SUB-SAHARAN AFRICA	GFF GRANTS	24,630.	WIRE			FMV	
(3)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	35,405.	WIRE			FMV	
(4)			SUB-SAHARAN AFRICA	GFF GRANTS	20,032.	WIRE			FMV	
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	22,162.	WIRE			FMV	
(6)			SUB-SAHARAN AFRICA	GFF GRANTS	39,500.	WIRE			FMV	
(7)			SOUTH ASIA	GFF GRANTS	36,628.	WIRE			FMV	
(8)			SUB-SAHARAN AFRICA	GFF GRANTS	8,400.	WIRE			FMV	
(9)			SOUTH ASIA	GFF GRANTS	19,110.	WIRE			FMV	
				1		1			1	

(13)	SOUTH ASIA	GFF GRANTS	24,206.	WIRE		FMV
(14)	SUB-SAHARAN AFRICA	GFF GRANTS	41,244.	WIRE		FMV
(15)	SUB-SAHARAN AFRICA	GFF GRANTS	37,981.	WIRE		FMV

GFF GRANTS

GFF GRANTS

GFF GRANTS

GFF GRANTS

15,888.

8,787.

16,462.

12,300.

WIRE

WIRE

WIRE

WIRE

SOUTH ASIA

SOUTH ASIA

SOUTH ASIA

SUB-SAHARAN AFRICA

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	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

Schedule F (Form 990) 2019

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(12)

(16)

Page 2 Schedule F (Form 990) 2019

Part II	Grants and Other Assis	stance to Organiza	ations or Entities Outsi	de the United	d States. Comple	te if the orga	anization answe	red "Yes" on	Form 990,
	Part IV, line 15, for any	recipient who rece	ived more than \$5,000. I	Part II can be o	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)
(1)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	42,254.	WIRE			FMV
(2)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	18,660.	WIRE			FMV
(3)			SUB-SAHARAN AFRICA	GFF GIFTS	23,245.	WIRE			FMV
(4)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	45,265.	WIRE			FMV
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	51,656.	WIRE			FMV
(6)			SUB-SAHARAN AFRICA	GFF GRANTS	13,294.	WIRE			FMV
(7)			SOUTH ASIA	GFF GRANTS	18,975.	WIRE			FMV
(8)			SOUTH ASIA	GFF GRANTS	23,490.	WIRE			FMV
(9)			SUB-SAHARAN AFRICA	GFF GRANTS	27,400.	WIRE			FMV
(10)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	36,710.	WIRE			FMV
(11)			SUB-SAHARAN AFRICA	GFF GRANTS	16,500.	WIRE			FMV
(12)			SUB-SAHARAN AFRICA	GFF GRANTS	24,319.	WIRE			FMV

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	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

GGE CAPACITY

GFF GRANTS

GFF GRANTS

GFF GRANTS

WIRE

WIRE

WIRE

WIRE

13,728.

15,277.

6,914.

15,521.

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SOUTH ASIA

Schedule F (Form 990) 2019

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Schedule F (Form 990) 2019 Page 2

Part II	organization section and EIN grant cash grant cash noncash of noncash valuation (if applicable) grant disbursement assistance assistance (book, FM	Form 990,							
	Part IV, line 15, for any re	ecipient who recei	ved more than \$5,000. I	Part II can be o	duplicated if addition	onal space is	needed.	1	
1		section and EIN	(c) Region		(e) Amount of cash grant	cash	noncash	of noncash	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	GFF GRANTS	12,199.	WIRE			FMV
(2)			SOUTH ASIA	GFF GRANTS	12,630.	WIRE			FMV
(3)			SUB-SAHARAN AFRICA	GFF GRANTS	16,900.	WIRE			FMV
(4)			SUB-SAHARAN AFRICA	GFF GRANTS	20,370.	WIRE			FMV
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	28,363.	WIRE			FMV
(6)			SOUTH ASIA	GFF GRANTS	23,912.	WIRE			FMV
(7)			SUB-SAHARAN AFRICA	GFF GRANTS	18,471.	WIRE			FMV
(8)			SUB-SAHARAN AFRICA	GFF GRANTS	25,160.	WIRE			FMV
(9)			SUB-SAHARAN AFRICA	GFF GRANTS	10,550.	WIRE			FMV
(10)			SUB-SAHARAN AFRICA	GFF GRANTS	9,229.	WIRE			FMV
(11)			SOUTH ASIA	GFF GRANTS	19,670.	WIRE			FMV
(12)			SOUTH ASIA	GFF GRANTS	15,391.	WIRE			FMV

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	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

GFF GRANTS

23,369.

40,884.

67,025.

5,100.

WIRE

WIRE

WIRE

WIRE

SOUTH ASIA

SOUTH ASIA

SOUTH ASIA

SUB-SAHARAN AFRICA

Schedule F (Form 990) 2019

FMV

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FMV

(13)

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(15)

(16)

Schedule F (Form 990) 2019

Part II	Grants and Other Assis Part IV, line 15, for any r							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	19,100.	WIRE			FMV
(2)			SOUTH ASIA	GFF GRANTS	9,324.	WIRE			FMV
(3)			SUB-SAHARAN AFRICA	GFF GRANTS	7,950.	WIRE			FMV
(4)			SOUTH ASIA	GFF GRANTS	19,497.	WIRE			FMV
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	46,647.	WIRE			FMV
(6)			SUB-SAHARAN AFRICA	GFF GRANTS	12,317.	WIRE			FMV

GFF GRANTS

GFF GRANTS

GFF GRANTS

GGE CAPACITY

GFF GRANTS

GFF GRANTS

GGE CAPACITY

GFF GRANTS

GFF GRANTS

40,028.

28,837.

46,557.

14,217.

7,247.

11,477.

25,600.

9,159.

6,035.

WIRE

WIRE

WIRE

WIRE

WIRE

WIRE

WIRE

WIRE

WIRE

SOUTH ASIA

SOUTH ASIA

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SOUTH ASIA

3 Enter total number of other organizations or entities

16)		SUB-SAHARAN AFRICA	GFF GRANTS	12,317.	WIRE		FMV
2	Enter total number of recipient orga by the IRS, or for which the grantee	0	,	5 ,	cognized as ta	x-exempt	

Schedule F (Form 990) 2019

FMV

FMV

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FMV

FMV

FMV

FMV

FMV

FMV

(7)

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(12)

(13)

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(15)

Schedule F (Form 990) 2019

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	18,645.	WIRE			FMV
(2)			SOUTH ASIA	GFF GRANTS	32,576.	WIRE			FMV
(3)			SOUTH ASIA	GFF GRANTS	20,176.	WIRE			FMV
(4)			SUB-SAHARAN AFRICA	GFF GRANTS	5,635.	WIRE			FMV
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	25,213.	WIRE			FMV
(6)			SOUTH ASIA	GFF GRANTS	29,386.	WIRE			FMW
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	er total number of recipien	t organizations listed abo	ove that are recognized a	es charities by the	foreign country re	cognized as tax	-evemnt	•	

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

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)
_(1)							
(2)							
(3)							
(4)							
_(5)							
_(6)							
(7)							
_(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Part IV Foreign Forms Page 4

Part	v Foreign Forms			
1	Was 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)	Y	⁄es ∑	◯ No
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)	Y	⁄es X	No No
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)	Y	⁄es ∑	No
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)	Y	/es X	◯ 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)	Y	/es X	No
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)	Y	/es X	No

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 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 SITE 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

2019

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 identificat	ion number
CAPITAL FOR GOOD USA						27-091575	57
Part I General Information on Grants	and Assistanc	е				•	
 Does the organization maintain records the selection criteria used to award the grant Describe in Part IV the organization's process. 	rants or assistand	e?					X Yes No
Part IV, line 21, for any recipier		_					es" on Form 990,
1 (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) PANORAMA GLOBAL							
2101 FOURTH AVENUE SEATTLE, WA 98121	81-4204119	501(C)(3)	10,000.				PROJECT GRANT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) a							1.
3 Enter total number of other organizations		i labie					

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

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					
1					

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) (2019)

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

Open to Public Inspection

Employer identification number

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.

27-0915757

CAPITAL FOR GOOD USA

CORE FORM 990 DISCLOSURES

FORM 990, PART III, LINA 4 - PROGRAMMATIC ACCOMPLISHMENTS

FY 2020 ACTIVITIES DEMONSTRATE THE ONGOING CAPACITY OF CAPITAL FOR GOOD

USA (CFG) TO MEET DONORS' NEEDS TO CONNECT THEIR FUNDING WITH STRONG

PARTNERS.

THE GIRLS FIRST FUND CLOSED OUT ITS LEARNING YEAR IN JULY 2020 AND ISSUED NEW, TWO-YEAR GRANTS TO 142 GRANTEES IN THE DEMOCRATIC REPUBLIC OF THE CONGO, DOMINICAN REPUBLIC, INDIA, NEPAL, NIGER, AND UGANDA. THE LESSONS LEARNED IN THE LEARNING YEAR INFORMED DISCUSSIONS IN EARLY 2020 ON THE FUND'S IDENTITY, MULTI-YEAR STRATEGIES, GLOBAL GRANTMAKING EXPANSION, AND MEL STRATEGIES. THE GIRLS FIRST FUND TEAM CONTINUED PROVIDE MENTORING AND ACCOMPANIMENT SUPPORT TO GRANTEE PARTNERS AND CONNECT THEM TO OPPORTUNITIES FOR LEARNING AND ADDITIONAL FUNDING.

WITH THESE EFFORTS, THE FUND'S GOAL REMAINS CENTRAL - TO CONTRIBUTE TO
THE GROWTH AND DEVELOPMENT OF THRIVING, WELL-SUPPORTED, AND CONNECTED
COMMUNITY-BASED ORGANIZATIONS (CBOS) AND MOVEMENTS, PRIORITIZING THOSE
LED BY GIRLS AND WOMEN, WHO ARE WORKING HOLISTICALLY TO TRANSFORM GENDER
NORMS; BUILD GIRLS' POWER, VOICE AND CHOICE; HOLD THOSE IN POWER TO
ACCOUNT; AND, BUILD SOLIDARITY ACROSS COMMUNITIES AND BORDERS. OBJECTIVES
FOR THE FUND ARE TO INCREASE DONOR COLLABORATION IN THE SECTOR, RADICALLY
EXPAND RESOURCES TO COMMUNITY-BASED ORGANIZATIONS, SUPPORT LOCALLY
RELEVANT AND EFFECTIVE STRATEGIES, AND CONTRIBUTE TO THE BODY OF EVIDENCE

FOCUSED ON CBOS' CONTRIBUTION TO PREVENTING AND RESPONDING TO CHILD MARRIAGE.

OTHER DONORS TO CAPITAL FOR GOOD HAVE PROVIDED FUNDING FOR OUT OF SCHOOL CHILDREN PROGRAMS IN ETHIOPIA AND UGANDA. IN ETHIOPIA THE CFG FUNDING IS DIRECTED AT FOUR GRANTEES WHO ARE OPERATING 87 SPEED SCHOOL CLASSES AND SUPPORTING 2,520 STUDENTS AND 2,520 MOTHERS. 48 GOVERNMENT PRIMARY SCHOOLS ARE LINK SCHOOLS WHICH ARE EXPECTED TO RECEIVE SPEED SCHOOL STUDENTS AFTER COMPLETING THE 2019-2020 ACADEMIC YEAR. THESE LINK SCHOOLS ARE BEING SUPPORTED THROUGH CAPACITY BUILDING ACTIVITIES INCLUDING TRAINING, EDUCATION COMMUNITIES OF PRACTICE, AND SMALL SCHOOL GRANTS FOR EARLY WARNING SYSTEM TO PREVENT SCHOOL DROPOUT. 92% OF THE CFG STUDENTS SUCCESSFULLY COMPLETED THE SCHOOL YEAR AND OF THOSE STUDENTS, 100% PLACED IN EITHER CLASS 3 OR 4.

SUMMER OF 2020 SAW THE COMPLETION OF THE SPEED SCHOOL PROGRAM'S NINETH YEAR IN ETHIOPIA. SINCE ITS LAUNCH IN 2011/12, THE PROGRAM HAS EVOLVED IN MANY WAYS. THE CORE MODEL AND METHODS HAVE CHANGED AND ADDED CERTAIN ELEMENTS, AIMING TO SHARPEN QUALITATIVELY PRETTY MUCH EVERY PEDAGOGIC AND OTHER OPERATIONAL DIMENSION. THE PROGRAM'S GEOGRAPHIC SCOPE HAS EXPANDED, BEGINNING IN JUST ONE REGION, THE SOUTHERN NATIONS, NATIONALITIES, AND PEOPLES REGION (SNNPR) AND BY 2016, PARTNERING WITH ALL FOUR OF THE COUNTRY'S LARGEST REGIONS, ADDING TIGRAY IN 2013/14, OROMIA IN 2014/15, AND AMHARA IN 2015/16. IN 2019/20 THE PROGRAM EXPANDED TO THE NATION'S CAPITAL, ADDIS ABABA. OTHER REGIONS ARE COMMUNICATING THEIR EAGERNESS TO

IMPLEMENT THE MODEL AND THE PROGRAM HAS ATTRACTED NEW FUNDING PARTNERS
INCLUDING INTEREST FROM NATIONAL AND INTERNATIONAL ORGANIZATIONS. LASTLY,
AND PERHAPS MOST PROMISING, BOTH THE FEDERAL AND DECENTRALIZED
GOVERNMENTS OF ETHIOPIA HAVE CONTINUED THE PROCESS OF ADOPTING THE SPEED
SCHOOL MODEL, CREATING THE FOUNDATION FOR THE PROGRAM'S SUSTAINED AND
SCALED IMPLEMENTATION. WE ENVISAGE THIS PROCESS TO TAKE UP TO FIVE
YEARS.

DURING THE 2019/20 SPEED SCHOOL YEAR, TOTAL FUNDING (OF WHICH CAPITAL FOR GOOD IS ONE OF THE FUNDERS) PROGRAM REACHED 42,424 TOTAL DIRECT BENEFICIARIES, SPREAD ACROSS THE FOUR KEY COMPONENTS: SPEED SCHOOL CLASSES; THE SELF-HELP GROUPS; THE PRIMARY SCHOOL CAPACITY-STRENGTHENING ACTIVITY; AND THE CHILD-TO-CHILD PRE-SCHOOL PROGRAM. CAPITAL FOR GOOD FUNDING DIRECTLY BENEFITTED MORE THAN 10,000 INDIVIDUALS. INDICATIVE OF THE SIGNIFICANT PROGRESS IN GOVERNMENT ADOPTION WAS THE FACT THAT ALL FIVE REGIONS FUNDED AND OPERATED THEIR OWN SPEED SCHOOL CLASSES, CALLED ACCELERATED LEARNING PROGRAM (ALP) CLASSES, AND THAT THE NUMBER OF ALP CLASSES MORE THAN DOUBLED THIS YEAR FROM LAST.

SPEED SCHOOLS IN UGANDA RUN FROM FEBRUARY THROUGH DECEMBER. IN 2019/20

CFG FUNDED 24 SPEED SCHOOLS IN UGANDA, IMPLEMENTED BY TWO PARTNER

ORGANIZATIONS. THESE 24 SPEED SCHOOLS SUPPORTED 1,968 UNIQUE

BENEFICIARIES INCLUDING SPEED SCHOOL LEARNERS, FACILITATORS, SHG PARENTS,

PRE-SCHOOL CHILDREN, ECD CAREGIVERS AND TRAINED LINK SCHOOLTEACHERS.

RESULTS FOR THE 2019-2020 COHORT ARE STILL PENDING DUE TO DELAYS

ASSOCIATED WITH THE COVID19 PANDEMIC. CAPITAL FOR GOOD WILL CEASE FUNDING FOR SPEED SCHOOLS IN UGANDA FOR 2020-2021 SCHOOL YEAR.

CFG IS THE FISCAL SPONSOR FOR FINANCING ALLIANCE FOR HEALTH (FAH). THIS
ORGANIZATION AIMS TO HELP GOVERNMENTS DESIGN AND FUND AMBITIOUS, HIGHLY
EFFECTIVE, AFFORDABLE AND AT-SCALE HEALTH SYSTEMS. THIS PROJECT IS
FOCUSING ON HEALTH SYSTEMS AT THE COMMUNITY LEVEL WITHIN AFRICA. FAH'S
MAIN IN COUNTRY SERVICES INCLUDE SYSTEM DESIGN SUPPORT (OVERALL COMMUNITY
HEALTH PLAN DESIGN, DEVELOPING AND COSTING AN INTEGRATED COMMUNITY HEALTH
PLAN, MODEL REFINEMENT, AND TARGETED TECHNICAL SUPPORT) AND FINANCING
SUPPORT (RESOURCE MAPPING, RETURN-ON-INVESTMENT ANALYSES, FINANCING
STRATEGY, DEVELOPING ALTERNATIVE FINANCING AND FISCAL SCENARIOS, AND
ADVISING ON OPTIONS).

FINANCING ALLIANCE FOR HEALTH CONTINUED SUPPORT TO OUR 2019 COUNTRIES, WITH REMOTE SUPPORT EFFECTED IN MARCH 2019, DUE TO COVID. IN ZIMBABWE, DRAFT VERSIONS OF THE FINAL DELIVERABLES (I.E. COMMUNITY HEALTH STRATEGY, HEALTH PACKAGE AND IMPLEMENTATION, COSTINGS AND INVESTMENT CASE) UNDER THE UNICEF PCA, HAVE BEEN SUBMITTED FOR APPROVAL. IN ZAMBIA, THE FINAL INVESTMENT CASE IS UNDERGOING GOVERNMENT APPROVAL. IN KENYA, FAH SUPPORTED DRAFTING OF THE CH STRATEGY AND IMPLEMENTATION PLAN DEVELOPMENT AND GLOBAL FUND APPLICATION.

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. 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.

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

Schedule O (Form 990 or 990-EZ) 2019 Page **2**

Name of the organization

CAPITAL FOR GOOD USA

Employer identification number
27-0915757

ATTACHMENT 1 (CONT'D)

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

OUTSIDE OF THE US, IN ORDER TO ACHIEVE THE BEST RESULTS FOR ALL

STAKEHOLDERS.

ATTACHMENT 2

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

GENEVA GLOBAL INC. PROJECT MGMT 2,043,845.

1536 E. LANCASTER AVENUE

PAOLI, PA 19301

ANGELA GICHAGA PROJECT CONSULTING 216,172.

FAH, 13TH FLOOR, LANDMARK PLAZA

NAIROBI

KENYA 00100

ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
PROGRAM MANAGEMENT SERVICES	2,043,846.	2,043,846.	0.	
CONSULTING SERVICES	1,116,589.	1,065,589.	51,000.	
TOTALS	3,160,435.	3,109,435.	51,000.	

ATTACHMENT 4

Schedule O (Form 990 or 990-EZ) 2019 Page **2**

Name of the organization
CAPITAL FOR GOOD USA

27-0915757

ATTACHMENT 4 (CONT'D)

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

BEGINNING
BOOK VALUE

PREPAID EXPENSES

8,651.

86,714.

8,651.

TOTALS

86,714.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

 \blacktriangleright 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
2019
Open to Public Inspection

Name of the organization

CAPITAL FOR GOOD USA

Employer identification number 27-0915757

raiti	identification of Disregarded Entitles. Complete if the organization	answered res on	roilli 990, Pait i	v, iiile 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 contr	512(b)(13) rolled ity?	
						Yes	No	
(1) CFG IMPACT 46-0549699								
1536 E. LANCASTER AVENUE 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) 2019

JSA

Schedule R (Form 990) 2019

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.
rait III	because it had one or more related organizations treated as a partnership 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 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		n) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	oox 20 man e K-1 pari		(k) Percentage ownership
		country)		000000000000000000000000000000000000000			Yes	No		Yes	No	
(1)												
(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?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6) (7)								
\'\'\								

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019					Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	s 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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	la	X
b Gift, grant, or capital contribution to related organization(s)				lb	X
c Gift, grant, or capital contribution from related organization(s)				1c	X
d Loans or loan guarantees to or for related organization(s)				1 d	X
e Loans or loan guarantees by related organization(s)				le	X
f Dividends from related organization(s)				1f	Х
g Sale of assets to related organization(s)			1	l g	X
h Purchase of assets from related organization(s)			1	l h	X
i Exchange of assets with related organization(s)				1i	X
j Lease of facilities, equipment, or other assets to related organization(s)				1 j	X
k Lease of facilities, equipment, or other assets from related organization(s)			1	l k	X
I Performance of services or membership or fundraising solicitations for related organization(s)				11	X
m Performance of services or membership or fundraising solicitations by related organization(s)				m	X
				In	X
				10	X
Sharing of paid employees with related organization(s)					
p Reimbursement paid to related organization(s) for expenses			1	Iр	X
q Reimbursement paid by related organization(s) for expenses			I	1 q	X
4					
r Other transfer of cash or property to related organization(s)			1	1r	Х
s Other transfer of cash or property from related organization(s).				1s	Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cov	ered relationships and trans	action thresh	olds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of amount		
(1)					
(2)					
<u>\~/</u>					
_(3)					
(4)					

Schedule R (Form 990) 2019

(5)

Schedule R (Form 990) 2019

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.

Name, address, and EIN of entity Primary activity Primary activi	(j) Genera manag partne	Gene man part	(j) neral or naging rtner?	(k) Percentage ownership
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)	Yes	Yes	No	1
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)				
(4) (5) (6) (7) (8) (9) (10) (11) (12) (13)				
(5) (6) (7) (8) (9) (10) (11) (12) (13)				
(6) (7) (8) (9) (10) (11) (12) (13)				
(7) (8) (9) (10) (11) (12) (13)				
(8) (9) (10) (11) (12) (13)	+			
(10) (11) (12) (13)	++			
(10) (11) (12) (13)	++			
(11) (12) (13)	++			
(12)	++			
(12)	\vdash			
(13)	+			
	$\perp \perp$			
(15)				
(16)				

Schedule R (Form 990) 2019

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Part VII Supplemental Information

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