Form 990	
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Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2021 **Return of Organization Exempt From Income Tax**

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.

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



<u>A</u> F	or th	e 2020 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	c Name of organization	cation number		
	Addre	Se CAPI USA			
	Name Chang	Doing business as		41-141719	98
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		(612) 723	1-0122	
	termir ated	G Gross receipts \$	4,195,472.		
	Amen	BROOKLIN CENTER, MN 55429		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: VINOIHINI AMBROSE		for subordinates	? Yes X No
	-	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X = 501(c)(3)$ $501(c)()$ $4947(a)(1)$	or 527	1 '	list. See instructions
_		te: WWW.CAPIUSA.ORG		H(c) Group exemption	
		forganization: X Corporation Trust Association Other >	L Year	of formation: 1982 N	I State of legal domicile: MN
Pa	rt I	Summary		MTGGTON TG	
ø	1	Briefly describe the organization's mission or most significant activities: CAPI	USAS	MISSION IS	TO GUIDE
anc	_	REFUGEES AND IMMIGRANTS IN THE JOURNEY TO			
ern		Check this box if the organization discontinued its operations or disposed in the second		1.1	ets. 9
Š	3				9
ۍ ه	4	Number of independent voting members of the governing body (Part VI, line 1b)		48	
Activities & Governance	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		205	
tivit	6	Total number of volunteers (estimate if necessary)		0.	
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,587,955.	4,042,911.
anu	9	Program service revenue (Part VIII, line 2g)		44,990.	142,232.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		357.	507.
Ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,913.	9,822.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,653,215.	4,195,472.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	568,671.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,207,573.	1,702,285.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		38,708.	0.
be		Total fundraising expenses (Part IX, column (D), line 25)	68.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,290,494.	1,528,578.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,536,775.	3,799,534.
	19	Revenue less expenses. Subtract line 18 from line 12		116,440.	395,938.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	4,426,585.	4,936,142.	
it As	21	Total liabilities (Part X, line 26)		1,049,147.	1,162,766.
		Net assets or fund balances. Subtract line 21 from line 20		3,377,438.	3,773,376.
Pa	rt II	Signature Block			

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

Sign Here	Signature of officer VINOTHINI AMBROSE, CHA Type or print name and title	IR	Date						
Paid	Print/Type preparer's name MATT PILLSBURY	Preparer's signature MATT PILLSBURY	Date Check PTIN 05/28/21 self-employed P01565609						
Preparer	Preparer Firm's name CARPENTER, EVERT & ASSOCIATES, LTD.								
Use Only	Firm's address 7760 FRANCE AVE								
	BLOOMINGTON, MN	55435	Phone no. (952) 831-0085						
May the I	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No						
032001 12-2	3-20 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Form 990 (2020)						
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	ENT CONTINUATION						
12210528	310390 003443	2020.03050 CAPI	USA 00344						

	CAPI USA'S MISSION IS TO GUIDE REFUGEES AND IMMIGRANTS IN THE JOURNEY TOWARD SELF-DETERMINATION AND SOCIAL EQUALITY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Xes No. If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 3,254,922 . including grants of \$ 568,671 .) (Revenue \$)
+a	IN 2020, CAPI SERVED 13,862 PEOPLE. 79% WERE IMMIGRANTS AND REFUGEES AND 80% WERE IN POVERTY. CAPI MOBILIZED 34.6 FTE DIVERSE STAFF (70% STAFF OF COLOR; 75% MULTILINGUAL), 18 DIFFERENT SUB-GRANTED PARTNERS, 3 TENANT AGENCY PARTNERS AND 205 VOLUNTEERS TO MAKE THE FOLLOWING IMPACTS:
	BASIC NEEDS: CAPI'S FOOD SHELF SERVED 1,927 HOUSEHOLDS AND 7,253 INDIVIDUALS (WITH SOME DUPLICATION). CAPI LAUNCHED NEW MONTHLY HOME DELIVERED FOOD TO 120+ SENIORS. CAPI'S MNSURE COLLABORATION COMPLETED 670 ENROLLMENTS IN A HEALTH PLAN. CAPI'S BENEFIT ENROLLMENT CENTER ENROLLED 141 CLIENTS IN PUBLIC BENEFITS. CAPI'S HMONG SENIORS AND CAREGIVER PROGRAM SUPPORTED 67 HMONG SENIORS AND 58 ADULT CAREGIVERS.
4b	<pre>(Code:)(Expenses \$ including grants of \$) (Revenue \$)(Revenue \$)(R</pre>
4c	<pre>(Code:)(Expenses \$including grants of \$) (Revenue \$) (Revenue \$) CIVIC ENGAGEMNT: CAPI FACILITATED \$123K IN SUB-GRANTS TO 14 IGNITE MN ASIAN POWER (IMAP) COALITION MEMBER AGENCIES. KEY OUTCOMES INCLUDED: 277 VOTER REGISTRATIONS; 121 ABSENTEE BALLOT ASSISTANCE; 25,792 HOUSEHOLDS CALLED PRE GOTV; 63,109 HOUSEHOLDS CALLED DURING GOTV; AND 5,599 CENSUS PLEDGES SECURED. </pre>
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,254,922.
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20000	12-23-20

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<u></u>
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
_	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
_	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>⊢</u> ▲
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
<u> </u>	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		(2020)
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Pa	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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	07		x
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	37	X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_		
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		x
b	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Da	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 48		х							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> (see instructions)									
	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		<u> </u>						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	10		x						
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a								
D	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		x						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		x						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	d If "Yes," indicate the number of Forms 8282 filed during the year7d									
е										
f										
g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8								
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	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.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>						
	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 13b									
	Enter the amount of reserves on hand 13c	140		x						
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14a 14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>						
15	excess parachute payment(s) during the year?	15		x						
	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						
	If "Yes," complete Form 4720, Schedule O.									
			000							

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi	rough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ii	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		2		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
-	Enter the number of voting members included on line 1a, above, who are independent	1b		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					77
•	officer, director, trustee, or key employee?			2		X X
3	Did the organization delegate control over management duties customarily performed by or under the		•			x
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso			6		X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap					
7a				7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			10		
b				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10		
	The governing body?	-	-	8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
•	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					
			,		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 cha	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				
	in Schedule O how this was done			12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	X	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ont	ith a			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?			16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104		
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		1
17	List the states with which a copy of this Form 990 is required to be filed MN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (Section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			- /		
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	f interest policy, an	id finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo					
	METROPOLITAN ALLIANCE OF CONNECTED COMMUNITIES - 61	2-3	39-9001			
	414 SOUTH EIGHTH STREET, MINNEAPOLIS, MN 55404			-	000	(0000)
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<u>Form 990 (2</u>		41-1417198	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co.	npensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending w	ith 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus [:]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		98	suadu		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yolqr	st con	_			organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) EKTA PRAKASH	40.00				-	1 0				
PRESIDENT		1		x				115,137.	0.	7,646.
(2) VINOTHINI AMBROSE	2.00									
BOARD CHAIR				Х				0.	0.	0.
(3) MIKE THORSTEINSON	2.00									
BOARD VICE CHAIR				X				0.	0.	0.
(4) NKECHI ANYAMELE	2.00									
BOARD SECRETARY				Х				0.	0.	0.
(5) MILTON LIU	2.00									
DIRECTOR		Х						0.	0.	0.
(6) LOUIZA KIRITOPOULOS-ADAMS	2.00									
DIRECTOR		х						0.	0.	0.
(7) KRISTINA VINNIK	2.00									
DIRECTOR		Х						0.	0.	0.
(8) ODUWA AGANMWONYI	2.00								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(9) BETH ERICKSON	2.00								0	0
DIRECTOR	0.00	Х						0.	0.	0.
(10) KRISTA O'CONNOR	2.00	v						0.	0.	0
DIRECTOR (11) LUCKY WAGNER	2.00	Х						0.	0.	0.
(II) LUCKY WAGNER DIRECTOR	2.00	x						0.	0.	0.
DIRECTOR		^						0.	0.	0.
		•								
				-						
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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	(B) (C) Average nours per double to the more than one box, unless person is both an						(D) Reportable compensation from	(E) Reportable compensatio from related	n I	ar	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fi org an	pensa rom th Janizat d relat anizati	ie tion ted
			-											
			-											
			-											
	Q. http://		-						115,137.		0.		76	46.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							<u> </u>		0.		7,6	0.
2	Total number of individuals (including but n compensation from the organization							o re	eceived more than \$100,	000 of reportable	;			1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				•	•		Ŭ	• • •			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl),000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and and	oth 9 <i>J f</i>	ner compensation from the for such individual	ne organization		4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," correction B. Independent Contractors											5		x
1	Complete this table for your five highest co the organization. Report compensation for										ensat	tion fro	om	
	(A) Name and business	address	N	ONE	3			_	(B) Description of s	ervices	C		C) nsatio	n
								_						
2	Total number of independent contractors (in	•	ot lir	niteo	d to t			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organized	zation 🕨				()					Form	990 (2020)

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Check if Schedule O contains a response or note to any line in this Part Vill Total revenue Indext of creating in the intervenue Product of the intervenue Product of the intervenue Intervenue <td colspan<="" th=""><th></th><th></th><th></th><th>2020) CAPI USA</th><th></th><th></th><th></th><th>41-1417</th><th>198 Page 9</th></td>	<th></th> <th></th> <th></th> <th>2020) CAPI USA</th> <th></th> <th></th> <th></th> <th>41-1417</th> <th>198 Page 9</th>				2020) CAPI USA				41-1417	198 Page 9
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Image: State of the state				Check if Schedule O contains a response	or note to any lin		(5)	· · · · · · · · · · · · · · · · · · ·		
Book of the set of the							Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512 - 514	
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~	Check if Schedule O contains a respons	(A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		F C 0 C F 1		
	and domestic governments. See Part IV, line 21	568,671.	568,671.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	122,783.	110,853.	6,075.	5,855
6	trustees, and key employees	122,705.	110,055.	0,075.	5,055
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,314,718.	1,186,979.	65,056.	62,683
7 8	Pension plan accruals and contributions (include	-,,/-0.	<u> </u>		02,003
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	140,105.	126,837.	7,492.	5.776
9 10	Payroll taxes	124,679.	113,866.	5,847.	5,776 4,966
11	Fees for services (nonemployees):		,		_,
a	Management	222,078.		222,078.	
b	Legal				
	Accounting	10,622.		10,622.	
	Lobbying	•			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	115,448.	64,637.	27,521.	23,290
12	Advertising and promotion				
13	Office expenses	126,468.	94,061.	29,901.	2,506
14	Information technology				
15	Royalties				
16	Occupancy	178,717.	169,414.	9,129.	174
17	Travel	46,012.	45,934.	72.	6
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	98,832.	87,841.	3,140.	7,851
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PARTICIPANT EXPENSE	630,203.	630,203.		
b	MISCELLANEOUS	51,093.	26,979.	7,885.	16,229
c	TELECOMMUNICATIONS	43,511.	24,449.	18,410.	652
d	STAFF AND VOLUNTEER DEV	5,594.	4,198.	816.	580
	All other expenses	•	-		
25	Total functional expenses. Add lines 1 through 24e	3,799,534.	3,254,922.	414,044.	130,568
26	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 if following SOP 98-2 (ASC 958-720)				

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Form 990 (2020)

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Form 990 (2020) CAPI USA
Part IX Statement of Functional Expenses

CAPI USA

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			(A) Beginning of year		(B) End of year
—			<u> </u>		End of year
	1	Cash - non-interest-bearing		1	1,164,834
	2	Savings and temporary cash investments		2	148,674
	3	Pledges and grants receivable, net		3	343,520
	4	Accounts receivable, net	229,956.	4	381,931
	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		5	
	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)		6	
2	7	Notes and loans receivable, net		7	
499619	8	Inventories for sale or use	10 012	8	38,305
1	9	Prepaid expenses and deferred charges	49,043.	9	50,505
	10a	Land, buildings, and equipment: cost or other			
	Ŀ	basis. Complete Part VI of Schedule D10a4,094,364Less: accumulated depreciation10b1,246,007	· 2,935,649.	10-	2,848,357
				10c	2,040,337
	11	Investments - publicly traded securities		11 12	10,521
	12	Investments - other securities. See Part IV, line 11		12	10,521
	13	Investments - program-related. See Part IV, line 11		13	
	14 15	Intangible assets		14	
	15 16	Other assets. See Part IV, line 11		16	4,936,142
-	17	Total assets. Add lines 1 through 15 (must equal line 33)		17	335,421
	18			17	555,421
	19	Grants payable	1 1 1 1 1	19	1,245
	20	Deferred revenue		20	1,213
	21	For any second distance second lists little Operations Dest N/ of Ophradists D		21	
	22	Loans and other payables to any current or former officer, director,		21	
	LL	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	911 050	23	600,000
	24	Unsecured notes and loans payable to unrelated third parties		24	000,000
	25	Other liabilities (including federal income tax, payables to related third			-
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	226,100
	26	Total liabilities. Add lines 17 through 25	1,049,147.	26	1,162,766
		Organizations that follow FASB ASC 958, check here 🕨 🗴	, ,		
ß		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	2,852,223.	27	2,677,218
	28	Net assets with donor restrictions	525,215.	28	1,096,158
2		Organizations that do not follow FASB ASC 958, check here			
5		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ϋ́	31	Retained earnings, endowment, accumulated income, or other funds		31	
-	32	Total net assets or fund balances		32	3,773,376
	33	Total liabilities and net assets/fund balances		33	4,936,142

Form 990 (2020)

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	1 990 (2020) CAPI USA	41-14	17198	Pag	_{ge} 12
Pa	rt 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	4,195		
2	Total expenses (must equal Part IX, column (A), line 25)				34.
3	Revenue less expenses. Subtract line 2 from line 1	3			38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,377	7,4	<u>38.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,773	3,3	76.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain 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 compiled 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 audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
				000	

Form **990** (2020)

SCH	EDU	LE A
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Department of the Treasury

(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
2020
Open to Public Inspection

inten	iai nevei		Go to www.irs.gov	//Form990 for instruction	ons and th	ie latest ir	nformation.		Inspection
Nar	ne of t	the organization	1103						identification number
Pa	nrt I	CAPI Reason for Public ((All organizations must c	omplete th	nis part.) S	ee instruction	<u>4</u> 15.	1-1417198
		ization is not a private found						10.	
1		A church, convention of ch		-	•		I)(A)(i).		
2	\square	A school described in sect					· · · · · · · · · · · · · · · · · · ·		
3	\square	A hospital or a cooperative					i).		
4	\square	A medical research organiz					•	(iii). Enter	the hospital's name,
		city, and state:	·						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	init describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					he general i	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i x) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor
		university:							
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the or	ganization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	ety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section !	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	d 12g.	
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting
		_ organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	on(s), by hav	/ing
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		_ organization(s). You mus	st complete Part IV,	Sections A and C.					
C	: [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	Ily integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
c		Type III non-functionally	y integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppo	rted organiz	zation(s)
		that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	d an attentiv	veness
		requirement (see instructi		-					
e		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,					Г
t		er the number of supported o	•						
<u>ç</u>		vide the following information i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount c	f monetary	(vi) Amount of other
		organization	((described on lines 1-10	Yes	ng document? No	support (see i		support (see instructions)
				above (see instructions))					
Tota	al								
-									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 19

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Schedule A (Form 990 or 990-EZ) 2020 CAPI USA

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Part II 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1952107.	2108400.	3276399.	1922057.	2185604.	11444567.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1952107.	2108400.	3276399.	1922057.	2185604.	11444567.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						11444567.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1952107.	2108400.	3276399.	1922057.	2185604.	11444567.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	263.	763.	513.	357.	507.	2,403.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	22,568.	17,312.	7,705.	19,913.	9,822.	
11	Total support. Add lines 7 through 10						11524290.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	45,800.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi					r - r	
14	Public support percentage for 2020 (I					14	<u>99.31 %</u>
15	Public support percentage from 2019					15	99.31 %
16 a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
Ł	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •	-		
k	10% -facts-and-circumstances test	•					10% or
	more, and if the organization meets the				• •		. —
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990) or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 CAPI USA

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

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

Section A. Public Support				-		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(0) 2010	(5) 2017	(0) 2010			
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
Section C. Computation of Public	c Support Per	rcentage				
15 Public support percentage for 2020 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019 Section D. Computation of Inves					16	%
17 Investment income percentage for 20			ine 13. column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the					· · · · ·	
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2019. If the						and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						
032023 01-25-21			,, e.e., e.e., e.e.			90 or 990-EZ) 2020
		0.1				

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1

2

3a

3b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Ра	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			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		
Sec	ction 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		<u> </u>
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			

income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sati	sfy the Integral Part Test during the year	(see instructions)
	oneon the box next to the method that the organization used to sat	Siy the integral i art rest during the year	(

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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

Schedule A (Form 990 or 990-EZ) 2020

З

2a

2b

3a

3b

Yes No

23 2020.03050 CAPI USA

	Form 990 or 990-EZ) 2020 CAPI USA
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.			
Sect	ion 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				
Sect	ion 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				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
_7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount	_		Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
_2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
_4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A	(Form 990	or 990-EZ) 2020	CAPI	USA
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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	on D - Distributions		•		Current Year	
1	Amounts paid to supported organizations to accomplish exe		1			
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	Γ	·	10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
C	From 2017					
d	From 2018					
e	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years			_		
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
_j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years			_		
	Applied to 2020 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
8	and 4c. Breakdown of line 7:					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 CAPI USA

032028 01-25-2	-21 26	Schedule A (Form	990 or 990-EZ) 2020
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 (See instructions.)	Also complete this part for any additional information	ion.
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c.	. 11b, and 11c; Part IV, Section B, lines 1 and 2; Par c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B	t IV, Section C, 5, line 1e; Part V,

SCHEDULE I	D
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Department of the Treasury

Internal Revenue Service

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.



Nam	e of the organization					Employer identification number
D	CAPI USA					41-1417198
Pa			er Si	milar Funds	or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line					
		(a) Donor ac	lvised	d 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 v	•				
	are the organization's property, subject to the organization's e					
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or		-			·
De	impermissible private benefit?		<u></u>			
Pa				" on Form 990,	Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	· · ·	oly).			
	Preservation of land for public use (for example, recreat	tion or education)				rically important land area
	Protection of natural habitat			Preservation o	of a certif	ied historic structure
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cor	ntribu	tion in the form	of a con	
	day of the tax year.				ŀ	Held at the End of the Tax Year
a	Total number of conservation easements					2a
b						2b
C	Number of conservation easements on a certified historic stru					2c
d	Number of conservation easements included in (c) acquired a				ure	
-	listed in the National Register				l	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	erminated by the	e organiz	ation during the tax
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the peri					
~	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nanuling of violation	s, and	a enforcing con	Servation	reasements during the year
7	Amount of expenses insurred in manifering inspecting hand	ling of violations on	doof	oraing opposite	tion one	amonta during the year
7	Amount of expenses incurred in monitoring, inspecting, hand \$	ing of violations, an	u eni	ording conserva	allon eas	ements during the year
8	Does each conservation easement reported on line 2(d) above	o caticfy the requirer	nonte	of soction 170	(b)(4)(D)(i)
0	and section 170(h)(4)(B)(ii)?	, ,				, <u> </u>
٩	In Part XIII, describe how the organization reports conservation					
5	balance sheet, and include, if applicable, the text of the footn			-		
	organization's accounting for conservation easements.	ote to the organizati	0113			
Pa	t III Organizations Maintaining Collections of	Art, Historical	Trea	sures, or O	ther Si	milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its	reve	nue statement a	and bala	nce sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educa	tion,	or research in f	urtherand	ce of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that	desc	ribes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue	statement and	balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, educatio	n, or	research in furt	herance	of public service,
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					▶ \$
						► \$
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	-				▶ \$
	Assets included in Form 990, Part X					► \$
	For Paperwork Reduction Act Notice, see the Instructions					Schedule D (Form 990) 2020

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Sche	Schedule D (Form 990) 2020 CAPI USA 41-1417198 Page 2										
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othei	r Simila	Assets	contir	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition	c	ı 🛄 ı	Loan or exc	hange progra	am					
b	Scholarly research	e	• 🗌 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be m								Yes		No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
t	Ending balance										1
	Did the organization include an amount on F						ity?	∟	Yes] No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete										
1 41							(d) Three y	vooro book		wooro	haal
10	Paginning of year balance	(a) Current year	(0) P	rior year	(c) Two yea	IS DACK		TEALS DACK	(e) Four	years	DACK
1a 5	Beginning of year balance										
U O	Contributions										
с А	Net investment earnings, gains, and losses										
u	Grants or scholarships Other expenditures for facilities										
е											
f	Administrative expenses										
g											
2	End of year balance Provide the estimated percentage of the cur		l e (line 1a	column (a)) held as:						
- a	Board designated or quasi-endowment		%	, 00101111 (0)							
b	Permanent endowment										
c	Term endowment	%									
-	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse		ation that	are held ar	nd administer	red for th	e organiza	ation			
	by:	Ū					Ū]	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	unds.							
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990), Part X,	line 10.				
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation							Э				
19	Land	· · · · ·			1,641.				73	1,64	41.
b	LandBuildings				9,643.	5	891,1	39.	2,05		
	Leasehold improvements				- , 0 1 0 •	 `			_,		•
	Equipment			38	6,871.	· ·	328,6	59.	5	8,22	12.
	Other				6,209.	<u> </u>	26,2			- ,	0.
	Add lines 1a through 1e. (Column (d) must e		X ochur		-	I			2,84	8.3	
1010		iyuai ruitti 990, Part	A. COIUM	<u>п (р), ште т</u>	<u>vv.</u> /				- / • -	- , 0.	

Schedule D (Form 990) 2020

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

(2) PPP LOAN	226,100.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col. (B) line 25.)	226,100.

<u>- - ----- (Oolumn (b) must equal torm 550, t art X, eol. (b) me 25.)</u>

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

Schedule D (Form 990) 2020

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_	dule D (Form 990) 2020 CAPL USA			L41/198 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			4,195,472.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,195,472.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	0.
с				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	.)		4,195,472.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial Sta	.)		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) atements With Expen		l.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. rt XII Reconciliation of Expenses per Audited Financial Sta) atements With Expen ne 12a.	ses per Return	
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line) atements With Expen ne 12a.	ses per Return	l.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:) atements With Expen ne 12a.	ses per Return	l.
5 Pai 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12. Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities) atements With Expen ne 12a.	ses per Return	l.
5 Pai 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments) atements With Expen ne 12a. 2a 2b	ses per Return	l.
5 Pai 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12. Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities) atements With Expen ne 12a. 2a 2b 2c	ses per Return	l.
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses in Part XIII.)) atements With Expen ne 12a. 2a 2b 2b 2c 2d	ses per Return	n. <u>3,799,534</u> . 0.
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d) atements With Expen ne 12a. 2a 2b 2b 2c 2d	5 ses per Return	l.
5 Pai 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses in Part XIII.)) atements With Expen ne 12a. 2a 2b 2b 2c 2d	5 ses per Return	n. <u>3,799,534</u> . 0.
5 Pai 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1) atements With Expen ne 12a. 2a 2b 2c 2d 2d	5 ses per Return	n. <u>3,799,534</u> . 0.
5 Pai 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other losses Other statement Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b) atements With Expen ne 12a. 22 2b 2c 2d 2d	5 ses per Return	n. <u>3,799,534</u> . 0.
5 Pau 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:) atements With Expen ne 12a. 2a 2b 2c 2d 2d 4a 4b	5 ses per Return 1 2e 3	n. <u>3,799,534</u> . 0.
5 Pau 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Tt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)) atements With Expen ne 12a. 2a 2b 2c 2c 2d 2d 4a 4b	5 ses per Return 1 2e 3 3	n. <u>3,799,534</u> . 0.

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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART	x,	LINE 2:	
PART	Х,	LINE 2:	

CAPI USA HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE 02004 12-01-20 Part XIII Supplemental Information (continued)

CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

Schedule D (Form 990) 2020

032055 12-01-20

12210528 310390 003443

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if th	2020						
	organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.							Open to Public
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection							
Name of the organization		2						entification number
Part I Fundrais	CAPI US	• Complete if the organization answe	wood "W			ina 1	41-1417	
	complete this par		erea r	es or	Form 990, Part IV, I	ine i	7. FOIII 990-EZ	- mers are not
 a X Mail solicitat b Internet and c Phone solicit d X In-person sol 2 a Did the organizatio key employees listed 	ions email solicitations tations licitations in have a written o ed in Form 990, F highest paid indi	s f X Solicita g S Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fi	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
BOB FRAWLEY - 2929	W 43RD,		Yes	No				
ST, MINNEAPOLIS, MN	55410	GRANT WRITING		X	0.		16,860.	-16,860.
								+
Total							16,860.	-16,860.
		on is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration
or licensing.								
MN								
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form 9	990 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 CAPI USA

41-1417198 Page 2

Pa	rt I	-				
		of fundraising event contributions and gro			· · · · · ·	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	– col. (c))
Revenue						
leve	1	Gross receipts				
ш						
	2	Less: Contributions				
	2	Cross income (line 1 minus line 2)				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
ben	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	'	roou and beverages				
Ц	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	
De		Net income summary. Subtract line 10 from li				
Pa	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$13,000 011 0111 330-L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
anc			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
щ	1	Gross revenue				
es	2	Cash prizes				
ens	~	Nonoosh prizos				
Direct Expenses	3	Noncash prizes				
ect	4	Rent/facility costs				
Ō	-					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	_		- · · · · · · · · · · · · · · · · · · ·			
	1	Direct expense summary. Add lines 2 through	1 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	•	Hot gaming moome canmary. Castractime r			F	1
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
b	lf "	No," explain:				
10-		the appropriation's coming licenses to	wakad avanandad arta	we minoted during the toy of	/aar2	Yes No
		ere any of the organization's gaming licenses re Yes," explain:			/eai (Yes No
J						
	_					
0000		05.00			Sobodulo C (Co	rm 990 or 990-EZ) 2020
03208	o∠ 11	-25-20			Schedule G (FO	

33 2020.03050 CAPI USA

Sch	edule G (Form 990 or 990-EZ) 2020 CAPI USA	41-14	417	198	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	No No
13	Indicate the percentage of gaming activity conducted in:				
a	The organization's facility		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record				
	Name				
	Address 🕨				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt			
	of gaming revenue retained by the third party \blacktriangleright \$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation				
	Description of services provided 🕨				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
Ū	under a line state second a line second			Yes	No No
r	Petain the state gaming license?				
~	organization's own exempt activities during the tax year > \$	the state			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
00000	33 11-25-20 Schedule	G (Earrow	000 -	vr 000	E7\ 0000
0320	33 11-25-20 Schedule	o (rorm	aan C	ທ ລລດ	-2020

Schedule G (Form 990 or 990-EZ)

032084 04-01-20

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, ar	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Comple	ete if the organizatio	n answered "Yes" Attach to Formation		rt IV, line 21 or 22.		Open to Public
Internal Revenue Service		► Go to www.i	rs.gov/Form990 fo		nation.		Inspection
Name of the organization CAPI USA							Employer identification number 41-1417198
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records		-			-		
criteria used to award the grants or ass	istance?						Yes X No
2 Describe in Part IV the organization's p Part II Grants and Other Assistance to					opization oppwared "Y	(aall on Form 000, Dart	W line 21 for any
recipient that received more than	-				anization answered f	es on Form 990, Fan	
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
NEW MILLENNIUM ACADEMY 5105 BROOKLYN BLVD							
BROOKLYN CENTER, MN 55429	42-1625836		70,000.	0.			COMMUNITY SERVICES
VIETNAMESE SOCIAL SERVICES OF MINNESOTA - 277 UNIVERSITY AVENUE	26 252222		47.764	0.			CONSUMERY, OPPLYLOP
WEST - ST. PAUL, MN 55103	36-3532232		47,764.	0.			COMMUNITY SERVICES
KAREN ORGANIZATION OF MINNESOTA 2353 RICE STREET #240 ROSEVILLE, MN 55117	30-0438142		27,764.	0.			COMMUNITY SERVICES
COSEVILLE, MN 55117	30-0438142		27,764.	0.			COMMONITY SERVICES
2 Enter total number of section 501(c)(3)	and government org	anizations listed in th	e line 1 table	l	I	l	└ ▶
3 Enter total number of other organization	ns listed in the line 1	table					

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

Part IV

37

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

(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 noncash assistance

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III

41-1417198

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ſ

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2020 **Open to Public** Inspection

Name	of the	organization
------	--------	--------------

►	Attach to Form 990.	-	
	Go to www.irs.gov/Form990 for instructions and the late	st inforn	nation.

Employer	identification number
4	1-1417198

	CAPI USA						<u>41-1</u>	<u>417:</u>	198	
Par	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	Metho Ioncash	(d) od of det contribut		•	3
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles		286 100							
19	Food inventory	X	376,108		FMV					
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ()									
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organi									
	for which the organization completed Form 82	83, Part V, L	onee Acknowledge	ement 29				I		
							I		Yes	No
30a	During the year, did the organization receive b									
	must hold for at least three years from the date	•								v
	exempt purposes for the entire holding period	?						30a		X
	If "Yes," describe the arrangement in Part II.	l'	an inca the survey is							v
31						31		<u>X</u>		
32a	Does the organization hire or use third parties		•					00-		v
	contributions?							32a		X
	If "Yes," describe in Part II.	- h		ferrushtele est. (At t						
33	If the organization didn't report an amount in c	oiumn (c) foi	r a type of property	for which column (a) is chec	жеа,					
	describe in Part II.									

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

Schedule M (Form 990) 2020

032141 11-23-20

	M (Form 990) 2020		
Part II	Supplement	al Information.	P

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

032142 11-23-20	Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection Employer identification number

41-1417198

CAPI USA

I,

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOCIAL EQUALITY.

FORM 990, PART

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THREE NEW COVID-19 INITIATVES: CAPI'S COVID RELIEF SUB-GRANTED \$105K TO

BIPOC AGENCIES TO PROVIDE PHONE-BASED NAVIGATION TO CRITICAL

SERVICES. OVER 6,500 PEOPLE WERE REACHED; CAPI'S COVID COMMUNITY

CONNECTORS (IN COLLABORATION WITH NEW MILLENNIUM ACADEMY) PROVIDED

COVID OUTREACH, CASE MANAGEMENT AND TESTING ASSISTANCE TO THE HMONG

COMMUNITY; CAPI'S EMERGENCY HOUSING ADMINISTERED \$84,000 IN DIRECT

EMERGENCY HOUSING TO PEOPLE BEHIND IN THEIR RENT, MORTGAGE, AND UTILITY

PAYMENTS.

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

CAPI'S INDEPENDENT AUDITING FIRM (CARPENTER EVERT AND ASSOCIATES) PRESENTS THE AGENCYS FORM 990 TO CAPI'S FULL BOARD OF DIRECTORS AT A REGULARLY SCHEDULED BOARD MEETING. BOARD MEMBERS ARE ABLE TO ASK CLARIFYING OUESTIONS. FOLLOWING PRESENTATION AND OUESTIONS, IF ALL MATTERS ARE RESOLVED, THE BOARD (BY VOTE) MAKES A MOTION TO ACCEPT AND FILE THE FORM 990 WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD AND KEY STAFF SIGN A CONFLICT OF INTEREST POLICY ANNUALLY DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST. THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW OF ITS POLICY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
CAPI USA	41-1417198

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

THE EXECUTIVE DIRECTOR AND ALL CAPI PERSONNEL PARTICIPATE IN PERFORMANCE

REVIEWS WITH THEIR SUPERVISORS. THE EXECUTIVE DIRECTORS PERFORMANCE REVIEW

IS CONDUCTED BY MEMBERS OF THE EXECUTIVE COMMITTEE. COMPENSATION

RECOMMENDATIONS TAKE INTO CONSIDERATION COMPENSATION OFFERED AT COMPARABLE NON-PROFITS.

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

ORGANIZATION DOCUMENTS INCLUDING CAPIS ANNUAL REPORT AND FORM 990 FILINGS

ARE AVAILABLE ON CAPI'S WEBSITE AND UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2020