Form	990
Form	990

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

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



		of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and		Open to Public Inspection	
			lar year, or tax year beginning and	ending		
	heck if pplicabl	le: C Name o	forganization		D Employer identificat	tion number
	Addre chang	ess CAPI U	JSA			
	Name	-	usiness as		41-1417198	
	Initial return		r and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
		5930 F	BROOKLYN BOULEVARD		612-721-0122	
	termin		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,193,017.
	Amen	ded PROOKT	YN CENTER, MN 55429		H(a) Is this a group retu	rn
	Applic tion		nd address of principal officer: VINOTHINI AMBROSE		for subordinates?	Yes X No
	pendir	na	C ABOVE		H(b) Are all subordinates include	
IT	ax-ex	empt status: [X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 📃 527	If "No," attach a list	t. See instructions
J۷	Vebsi	te: WWW.CA	APIUSA.ORG		H(c) Group exemption n	lumber
		f organization: [X Corporation Trust Association Other	L Year	of formation: 1982 M S	state of legal domicile: MN
Pa	art I	Summary				
•	1	Briefly describ	be the organization's mission or most significant activities: CAPI U	SA'S MIS	SION IS TO GUIDE	
Ű		REFUGEES A	ND IMMIGRANTS IN THE JOURNEY TOWARD SELF-DETERMINA	TION		
Governance	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net assets	S.
ove						14
			dependent voting members of the governing body (Part VI, line 1b)			14
es			of individuals employed in calendar year 2022 (Part V, line 2a)			74
Activities &			of volunteers (estimate if necessary)			202
Acti					<u>7a</u>	0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
					Prior Year	Current Year
e			and grants (Part VIII, line 1h)		4,504,253.	5,125,647.
Revenue		•	ice revenue (Part VIII, line 2g)		0.	0. 703.
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)		15,377.	
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		91,764. 4,611,394.	66,667.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		314,813.	5,193,017. 416,203.
			milar amounts paid (Part IX, column (A), lines 1-3)		0.	410,203.
	45		to or for members (Part IX, column (A), line 4)		2,090,207.	3,038,874.
Expenses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)		27,675.	19,833.
en en	l lua		ing expenses (Part IX, column (D), line 25) 290,			
Ä	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,448,088.	2,140,726.
			es (rait 1X, column (X), lines Traitin, Thzee)		3,880,783.	5,615,636.
			expenses. Subtract line 18 from line 12		730,611.	-422,619.
- Sa					ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		5,356,141.	5,047,212.
Ass	21	-	s (Part X, line 26)		852,154.	965,950.
Net,	22		fund balances. Subtract line 21 from line 20		4,503,987.	4,081,262.
	art II	Signatur			, , , ,	, , , – , – .
		_	I declare that I have examined this return including accompanying schedule	e and etatem	ante and to the heet of my kn	owledge and belief it is

lare 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. т

Sign	Signature of offi	cer			Date		
Here	VINOTHINI A	MBROSE, CHAIR					
	Type or print na	me and title					
	Print/Type prepa	arer's name	Preparer's signature	Date	Check] PTIN	
Paid	KAREN A. GR	IES	KAREN A. GRIES	09/21/23	if self-employed	P00078514	
Preparer	Firm's name	BAKER TILLY US, LLP			Firm's EIN 39	-0859910	
Use Only	Firm's address	225 S 6TH ST #2300					
		MINNEAPOLIS, MN 55402			Phone no.612.8	76.4500	
May the IF	RS discuss this	return with the preparer shown abo	ve? See instructions			X Yes	No
						00	<u> </u>

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) CAPI USA t III Statement of Program Service Accomplishments	41-14171	198 Pag
	Check if Schedule O contains a response or note to any line in this Part III		Γ
	Briefly describe the organization's mission:		
	CAPI USA'S MISSION IS TO GUIDE REFUGEES AND IMMIGRANTS IN THE JOURNEY		
	TOWARD SELF-DETERMINATION AND SOCIAL EQUALITY.		
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		X Yes
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by (avnansas
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.		portooo, arta
	(Code:) (Expenses \$2, 428, 417. including grants of \$192, 355.) (Revenue	\$	
	IN 2022, CAPI'S BASIC NEEDS PROGRAMMING SERVED UPWARD OF 10,000		
	UNDUPLICATED INDIVIDUALS ACROSS 7 UNIQUE PROGRAMS AND 3 SUB-PROGRAMS.		
	KEY OUTPUTS AND OUTCOMES OF THIS UNIT'S PROGRAMS INCLUDED:		
	FOOD SHELF & NUTRITION SERVICES CAPI'S CLIENT CHOICE FOOD SHELF SERVED		
	1,177 HOUSEHOLDS AND 7,915 INDIVIDUALS IN 2022. ITS SERVICES		
	DISTRIBUTED 293,365 POUNDS OF FOOD, HOSTED 8 DIFFERENT LARGE FRESH		
	PRODUCE DISTRIBUTIONS, PROVIDED MONTHLY HOME DELIVERY SERVICES TO 52		
	SENIORS, AND OPERATED 23 COMMUNITY GARDENING PLOTS. CAPI ALSO HOSTED 10		
	ADDITIONAL DISTRIBUTIONS (FOOD, BABY SUPPLIES, HOUSEHOLD GOODS, COVID		
	KITS) TO 575 HOUSEHOLDS. (CONTINUED ON SCHED. 0)		
<u> </u>	(Code:) (Expenses \$1,591,496. including grants of \$101,160.) (Revenue	. ¢	
	ECONOMIC EMPOWERMENT:	Φ	
	JOBS AND TRANINING: IN 2022, CAPI SERVED 467 UNDUPLICATED INDIVIDUALS		
	THROUGH MN FAMILY INVESTMENT PROGRAM, JOBS, TRAINING PROGRAMMING,		
	FINANCIAL AND HOMEOWNERSHIP SERVICES, AND FREE TAX SERVICES. JOB		
	PLACEMENT, INCOME GAINS, & CREDENTIALS EARNED 151 INDIVIDUALS SECURED		
	AND MAINTAINED EMPLOYMENT WITH AN AVERAGE HOURLY WAGE OF \$18.40; 59		
	INDIVIDUALS SUCCESSFULLY COMPLETED TRAINING; 26 EARNED AT LEAST ONE		
	INDUSTRY RECOGNIZED CREDENTIAL IN HEALTHCARE, MANUFACTURING AND/OR		
	GREEN ENERGY. 294 MFIP PARTICIPANTS COMPLETED CAREER PLANS IN 2022.		
	THIS PROGRAM GREATLY EXPANDED BY ADDING (1) PROPERTY MAINTENANCE		
	TRAINING IN PARTNERSHIP WITH CENTURY COLLEGE AND ROBBINSDALE ADULT		
	EDUCATION; (CONTINUED ON SCHED. 0)		
	(Code:) (Expenses \$	\$	
	CAPI'S CIVIC ENGAGEMENT PROGRAMMING UNIT WORKS ON BEHALF OF LEGISLATIVE		
	PUBLIC POLICY AND SYSTEMS CHANGE PRIORITIES MOST VITAL TO THE		
	IMMIGRANTS, REFUGEES, AND BIPOC HENNEPIN COUNTY RESIDENTS IT SERVES.		
	THIS INCLUDES A FOCUS ON EQUITABLE TRANSIT DEVELOPMENT ALONG THE BLUE		
	LINE, REPRESENTATION AT THE BALLOT BOX, AFFORDABLE HOUSING, ECONOMIC		
	AND RACIAL JUSTICE. IN 2022, CAPI'S CIVIC ENGAGEMENT PROGRAMMING		
	ACHIEVED THE FOLLOWING:		
	AND A TANIME NUMBER AND ACTIN DOWED (THID) CONTENTON MUTCH		
	CAPI'S IGNITE MINNESOTA ASIAN POWER (IMAP) COALITION THIS COLLABORATION OF 6 SUB-GRANTED BIPOC AGENCY PARTNERS RECEIVED A TOTAL		
	OF \$76.5K AND REGISTERED 720 VOTERS. (CONTINUED ON SCHED. O)		
	Other program services (Describe on Schedule O.) (Expenses \$ 316,559. including grants of \$) (Revenue \$)
	(Expenses \$ 316,559. including grants of \$) (Revenue \$ Total program service expenses 4,689,012.)
			Form 990 (2
			Form 330 12

2022.04020 CAPI USA

Par	t IV Checklist of Required Schedules			aye •
	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ũ	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	<u> </u>		
Ũ	similar amounts as defined in Rev. Proc. 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			
Ũ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	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, VII, VII, IX, or X,			
••	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u> 11a</u>		
D		11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U		11c		x
Ь	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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			
u		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
Iza		12a	х	
h	Schedule D, Parts XI and XII	IZa		
U		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
		14a		x
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	140		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	140		
15	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			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	х	
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions			
18		10		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>л</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
232003	12-13-22	⊦orm	ລລ ∩	(2022)

232003 12-13-22

Form 990 (2022)

CAPI USA

Form		17198		P	age 4
Par	rt IV Checklist of Required Schedules (continued)				
		_		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	L	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	L	23		х
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	[1	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	4	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	ļ <i>i</i>	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	🏼	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	🏼	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	ļ	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	-	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle				v
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	····· -	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If</i>				x
	"Yes," complete Schedule L, Part IV	···· ⊢	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	H	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		00-		x
200	"Yes," complete Schedule L, Part IV	···· ⊢	28c 29	x	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	····	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	···· ⊢	31		x
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If Yes, complete Schedule N, Part T</i>	····· -	51		
52			32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	···· -	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	···· -			
	Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	···· F	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Π			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization				
	If "Yes," complete Schedule R, Part V, line 2		36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance		38	х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>			
				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	44			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	<u></u>	1c		
232004	4 12-13-22	F	Form	990	(2022)

	990 (2022) CAPI USA		41-141719	8	P	Page 5		
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	74					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	ο		Зb				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		x		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x		
b	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		<u> </u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					<u> </u>		
ou	any contributions that were not tax deductible as charitable contributions?	-		6a		x		
h	If "Yes," did the organization include with every solicitation an express statement that such contribution			Ua		<u> </u>		
D			•	Ch.				
-	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).			7.		x		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a				
b				7b		<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•		_				
	to file Form 8282?	7d	 I	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e		x			
е								
f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		<u> </u>		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	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				
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						
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
с	Enter the amount of reserves on hand	13c						
14a	Did the sum of a time sector sum of the factor of a sector size of the data of the terror of the sector of the sec			14a		x		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a		<u> </u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					<u> </u>		
15				15		x		
	excess parachute payment(s) during the year?			15		<u> </u>		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	tinge	mo?	46		x		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment		ne?	16				
4-	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		<u> </u>		
	If "Yes," complete Form 6069.			E -	000	(00000)		
232005	i 12-13-22			Form	330	(2022)		

Form	990 (2022) CAPI USA		41-141719	8	P	age 6		
	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.							
	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other					
	officer, director, trustee, or key employee?			2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 99		s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
	more members of the governing body?			7a		<u> </u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	ders, or					
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-					
	The governing body?			<u>8a</u>	X			
b	Each committee with authority to act on behalf of the governing body?			8b	X			
9								
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)					
					Yes	No X		
	Did the organization have local chapters, branches, or affiliates?			10a				
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, amiliates,	10b				
110	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Deloi		<u>11a</u>	X			
				12a	х			
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>			12a	x			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ f $ "Y			120				
C		,		12c	x			
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	x			
14	Did the organization have a written document retention and destruction policy?			14	х			
15	Did the process for determining compensation of the following persons include a review and approval							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	29						
а	The organization's CEO, Executive Director, or top management official			15a	х			
	Other officers or key employees of the organization			15b		х		
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a					
	taxable entity during the year?			16a		х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (section 501(c)(3)	s only) a	availat	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		,					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	f interest policy, and	l financ	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	ks and	l records					
	METROPOLITAN ALLIANCE OF CONNECTED COMMUNITIES - 612-339-9001							
	414 SOUTH EIGHTH STREET, MINNEAPOLIS, MN 55404				000	(0000)		
232006	7 12-13-22 7			Form	990	(2022)		

2022.04020 CAPI USA

Employees, and Independe			line	in +	hin	Davt	1/11			[]
Check if Schedule O contains a resp Section A. Officers, Directors, Trustees, Key								od Employeee		
 a Complete this table for all persons required to List all of the organization's current office Enter -0- in columns (D), (E), and (F) if no comperi- 	to be listed. Rep rs, directors, tru	oort (ustee	com	pens	satio	on fo	or the	e calendar year ending v		
 List all of the organization's current key e List the organization's five current highest who received reportable compensation (box 5 or \$100,000 from the organization and any related List all of the organization's former officer reportable compensation from the organization and List all of the organization's former direct more than \$10,000 of reportable compensation See the instructions for the order in which to list 	compensated e f Form W-2, box organizations. s, key employee and any related ors or trustees from the organiz	es, a orga tha zatic	oyee f Foi nd h aniza t rec on ar	es (o m 1 nighe ation ceive	ther 099 est c is. ed, ii	thai -MIS comp	n an SC, a Dens e cap	officer, director, trustee ind/or box 1 of Form 10 ated employees who re bacity as a former direct	, or key employee) 99-NEC) of more than ceived more than \$100	,
Check this box if neither the organization	•			tion	con	nner	nsate	ed any current officer di	rector or trustee	
(A)	(B)	l	in neo		C)	npor	louit	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer ar	Pos heck ss pe	nore more	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated emplovee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) EKTA PRAKASH	40.00									
PRESIDENT				Х				127,634.	0.	3,506
(2) VINOTHINI AMBROSE	2.00									
BOARD CHAIR		х		X		-		0.	0.	0
(3) MIKE THORSTEINSON BOARD VICE CHAIR	2.00	x		x				0.	0.	0
(4) NKECHI ANYAMELE	2.00									
BOARD SECRETARY		x		x				٥.	0.	0
(5) VALERIE BOSMANS	2.00									
TREASURER		х		х				٥.	0.	0
(6) LOUIZA KIRITOPOULOS-ADAMS	2.00									
DIRECTOR		х						٥.	0.	0
(7) ELLISUN BENEDICT	2.00									
DIRECTOR		х						0.	0.	0
(8) BETH ERICKSON	2.00									
DIRECTOR		х				-		0.	0.	0
(9) JAMES FARNSWORTH	2.00							0	0	
DIRECTOR	2 00	Х				\vdash		0.	0.	0
(10) SILLY GONZALEZ DIRECTOR	2.00	x						0.	0.	_
(11) MILTON LIU	2.00	^			-	\vdash		U.	0.	0
DIRECTOR	2.00	x						0.	0.	0
(12) LAURA MARTIN	2.00	+		-		\vdash			••	

Х

Х

Х

Х

2.00

2.00

2.00

CAPI USA

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

Form 990 (2022)

232007 12-13-22

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

Form **990** (2022)

Ο.

Ο.

Ο.

Ο.

41-1417198

Page 7

$15410921 \ 144198 \ 239873$

(13) ALEXANDRA TRANVIK

(14) KRISTINA VINNIK

(15) LUCKY WAGNER

Ο.

Ο.

Ο.

0.

Ο.

Ο.

Ο.

Ο.

	990 (2022) CAPI USA									41-14	1719	8	P	age 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle:	Pos heck ss per	more rson i	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	in I	an	(F) timate nount other	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	6C/	fr org and	pensa om th anizat d relat anizati	e ion ed
	Subtotal								127,634.		0.		3,	506.
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.		0.	0. 3,506.		
2	Total number of individuals (including but no									000 of reportable			- ,	
	compensation from the organization												Ma a	1
3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	loyee on	ſ		Yes	No
	line 1a? If "Yes," complete Schedule J for su	ıch individual										3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		х
5	Did any person listed on line 1a receive or a											-		
	rendered to the organization? If "Yes." com	plete Schedule	e J fe	or sı	ich i	oers	on .	<u></u>				5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest cor	nnensated ind	ono	ndo	ot co	ontra		e th	ast received more than \$	100 000 of comr		ion fre	m	
·	the organization. Report compensation for t										-crisat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(A) Name and business	addross							(B) Description of s	onvicos	C)	;) nsatio	n
METE	OPOLITAN ALLIANCE OF CONNECTED CC								FINANCIAL, HR, CLI			ompe	Isatio	
414	S 8TH ST, MINNEAPOLIS, MN 55404								SERVICES				294,	019.
								-						
								_						
2	Total number of independent contractors (in	•	ot lin	nited	d to		se lis [.] 1	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation				-	-			l		Form	990 (;	2022)

232008 12-13-22

			2022) CAPI USA					41-141719	8 Page 9
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a response	se or note to ar	ny line				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
6 6	4	~	Federated campaigns 1a	132,1	167				
ants				101,1					
je na l			Membership dues 1b Fundraising events 1c		-				
fts, r Ar			Related organizations		_				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e	3,416,6	572				
Sin			All other contributions, gifts, grants, and	0,120,0					
utic			similar amounts not included above 1f	1,576,8	308.				
trib Ott		g	Noncash contributions included in lines 1a-1f	90,4					
Con		-	Total. Add lines 1a-1f	,		5,125,647.			
0 10				Business C	Code	, ,			
6	2	а							
vice	~	b		_					
Ser		ĉ							
Program Service Revenue		d							
Be		e		_					
Pro			All other program service revenue	_					
		g	Total. Add lines 2a-2f	-					
	3		Investment income (including dividends, inte	erest, and					
			other similar amounts)		L	703.			703.
	4		Income from investment of tax-exempt bond	d proceeds	L				
	5 Royalties			<u></u>					
			(i) Real	(ii) Persor	nal				
	6	а	Gross rents	5.	_				
		b		0.	_				
		с	Rental income or (loss) 6c 52,92	5.					
		d	Net rental income or (loss)			52,925.			52,925.
	7	а	Gross amount from sales of (i) Securitie	s (ii) Othe	ər				
			assets other than inventory 7a		_				
		b	Less: cost or other basis						
evenue			and sales expenses						
eve			Gain or (loss) 7c						
r R			Net gain or (loss)						
Other R	8	а	Gross income from fundraising events (not						
0			including \$ of						
			contributions reported on line 1c). See						
		h		8a 8b	-1				
			Less: direct expenses Net income or (loss) from fundraising events						
			Gross income from gaming activities. See	,					
	5	-		9a					
		b		9b					
			Net income or (loss) from gaming activities_						
			Gross sales of inventory, less returns						
			-	0a					
		b		0b					
			Net income or (loss) from sales of inventory						
				Business C	Code				
ŝno	11	а	MISCELLANEOUS INCOME	900099		13,742.			13,742.
ane		b							
sella		с		_					
Miscellaneous Revenue		d	All other revenue						
~			Total. Add lines 11a-11d			13,742.			
	12		Total revenue. See instructions			5,193,017.	0.	0.	67,370.
23200	9 12-	-13-	22						Form 990 (2022

	Check if Schedule O contains a response	se or note to any line in t	his Part IX	······	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	416,203.	416,203.		
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				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	131,140.	116,528.	7,280.	7,332.
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	2,470,172.	2,196,844.	136,075.	137,253.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	25,389.	21,849.	1,801.	1,739.
9	Other employee benefits	184,605.	159,238.	12,720.	12,647.
10	Payroll taxes	227,568.	201,020.	13,659.	12,889.
11	Fees for services (nonemployees):	367,540.		367,540.	
a b	Management Legal				
	Accounting	11,357.		11,357.	
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17	19,833.			19,833.
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.)	142,772.	114,392.	14,963.	13,417.
12	Advertising and promotion	61,245.	48,331.	80.	12,834.
13	Office expenses	183,346.	146,496.	31,548.	5,302.
14	Information technology	45,508.	42,972.		2,536.
15	Royalties	200,516.	152,513.	23,462.	24,541.
16		39,205.	37,385.	658.	1,162.
17 18	Travel Payments of travel or entertainment expenses	35,203.	57,505.		1,102.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	92,132.	84,641.	3,030.	4,461.
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	909,547.	902,408.	3,391.	3,748.
b	STAFF AND VOLUNTEER DEV	74,504.	39,677.	6,696.	28,131.
С	MISCELLANEOUS EXPENSE	13,054.	8,515.	2,320.	2,219.
d					
e	All other expenses	5 615 626	1 680 010	636,580.	200 044
<u>25</u>	Total functional expenses. Add lines 1 through 24e	5,615,636.	4,689,012.	030,300.	290,044.
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)				
					Garma 000 (0000)

Form 990 (2022)

CAPI USA Part IX Statement of Functional Expenses

Page 10 41 - 1417198

232010 12-13-22

Form 990 (2022)

CAPI USA

41-1417198 Page **11**

				(A) Beginning of year		(B) End of year
	Orah man internet haaving			1,614,081.		1,237,957.
1	•			148,697.	1	148,760.
2	o i j			462,018.	2	65,592.
3	Pledges and grants receivable, net			319,510.	3	816,910.
4	Accounts receivable, net			515,510.	4	010,510.
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
			5			
6	controlled entity or family member of any of the	-	(as defined		5	
0	Loans and other receivables from other disqual				6	
σ 7	under section 4958(f)(1)), and persons describe				7	
Assets	Notes and loans receivable, net				8	
ASS 0	Inventories for sale or use			49,193.	9	60,783.
. 3	Prepaid expenses and deferred charges a Land, buildings, and equipment: cost or other	 I I		15,155.	9	
	basis. Complete Part VI of Schedule D	100	4,141,170.			
	b Less: accumulated depreciation		1,434,269.	2,752,227.	10c	2,706,901.
11	Investments - publicly traded securities	_,,,_,,_,	11	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
12				10,415.	12	10,309.
13		Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11			13	,
14			14			
15	Intangible assets Other assets. See Part IV, line 11				15	
16				5,356,141.	16	5,047,212.
17	Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses			233,519.	17	386,783.
18	Grants payable			,	18	,
19	Deferred revenue			5,665.	19	1,245.
20				,	20	,
21	Escrow or custodial account liability. Complete				21	
00						
Liabilities	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the		·		22	
₂₃ ا				575,300.	23	562,313.
24	Unsecured notes and loans payable to unrelate				24	
25						
	parties, and other liabilities not included on line					
	of Schedule D			37,670.	25	15,609.
26	Total liabilities. Add lines 17 through 25			852,154.	26	965,950.
	Organizations that follow FASB ASC 958, cho	eck here	X			
ces	and complete lines 27, 28, 32, and 33.					
<u>ŭ</u> 27	Net assets without donor restrictions			3,116,789.	27	3,129,419.
8 28	Net assets with donor restrictions				28	951,843.
Net Assets or Fund Balances 8 25 8 26 7 26 8 25 8 25 8 25 8 25 8 25 8 25 8 25 8 25	Organizations that do not follow FASB ASC 9	958, check h	ere			
щ́	and complete lines 29 through 33.					
ຼິຍ 29	Capital stock or trust principal, or current funds				29	
tš 30					30	
¥ 31	Retained earnings, endowment, accumulated ir				31	
j 32	Total net assets or fund balances		····· -	4,503,987. 5,356,141.	32	4,081,262. 5,047,212.
- 33	Total liabilities and net assets/fund balances				33	

15410921 144198 239873

Form	1990 (2022) CAPI USA	41-1417198		Pac	_{ae} 12
	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	5,1	93,	017.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,6	15,	636.
3	Revenue less expenses. Subtract line 2 from line 1	3	- 4	22,	619.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,5	03,	987.
5	Net unrealized gains (losses) on investments	5		- :	106.
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	4,0	81,	262.
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>		
		_	<u> </u>	/es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	L	2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	L	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	L	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		00		

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public

Inspection

CAPT URA CAPT ORA CAPT VIEWS CAPTOP CONTROL CONTROL STATUS. (All organizations must compute this part). See instructions A church, convention of churches or association of churches described in section TO(b)(1)(A)(b). A church, convention of churches or association of churches described in section TO(b)(1)(A)(b). A church organization operative toopicial service organization described in section TO(b)(1)(A)(b). A church organization operative toopicial service organization described in section TO(b)(1)(A)(b). A church organization operative toopicial service organization described in section TO(b)(1)(A)(b). A foreginal state, or local government or governmental unit described in section TO(b)(1)(A)(b). A foregination operative convernent or governmental unit described in section TO(b)(1)(A)(b). A foregination operative toopicie Part II.) A an organization that normally receives a substantial part of its support from a governmental unit described in section TO(b)(1)(A)(b). Complete Part II.) A an arguination that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its eventp functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated businesses taxable income (ses section 509(c)(c)). Check the box on inset 21a through 10 partial of the supporting organization after June 30, 1975. See section 509(c)(2). Check the box on inset 21a through 12 that describes the specific spublic safety. See section 509(c)(c). Check the box on inset 21a through 12 that describes the sport organization and complete iner 12a, 12, and 12a, more public) supported organization operated or controled by its supported organization(b), by aving organization,	Nam	Name of the organization Employer identification number								
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A church convention of churches, or association described in section 170(b)(1)(A)(ii). A church convention of churches, or association described in section 170(b)(1)(A)(ii). A church convention of churches, or association described in section 170(b)(1)(A)(ii). A church, convention of churches, or association described in section 170(b)(1)(A)(ii). First the hospital's name, city, and state:										41-1417198
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(iii). (Attach Schoolde E From 900) 3 A hospital or a cooperative hospital since organization disscribed in section 170(b)(1)(A)(iii). Enter the hospital is name, city, and state; 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit disscribed in section 170(b)(1)(A)(vi). 7 A norganization that normally receives a substantial part of its support fom a governmental unit or from the general public described in section 170(b)(1)(A)(vi). 8 A community trust discribed in section 170(b)(1)(A)(v). 9 A norganization that normally receives a substantial part of its support fom a governmental unit or from the general public described in section 170(b)(1)(A)(vi). 9 A norganization discribed in section 170(b)(1)(A)(V). Complete Part II.) 9 A norganization discribed in section 170(b)(1)(A)(V). Complete Part II.) 9 A norganization discribed in section 170(b)(1)(A)(V). Complete Part II.) 10 A norganization advectories (1) more than 33 1/356 of its support from contributors, membership fees, and gross receipts from achilicity section 509(a)(2). Complete Part II.) 11 A norganization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box on lines 12a t	Pa	τI	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
2 A school described in section 370(b)(1)(A)(III). Attraction or cognization described in section 170(b)(1)(A)(III). 4 A medical research organization described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(III). 6 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). 7 M An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). (Complete Part II) 8 A community total described in section 170(b)(1)(A)(IV). Complete Part II) 9 An arginultral research organization described in section 170(b)(1)(A)(IV). Complete Part II) 9 An arginultral research organization described in section 170(b)(1)(A)(IV). Complete Part II) 9 An arginultral research organization subsches tabalismence (eas ascito 511 tab) (fin). (An organization organization organization subsches tabalismence (eas ascito 511 tab) (fin). Complete Part II) 10 An organization organization subsches tabalismence (eas ascito 511 tab) (fin). Complete Part II) 11 An organization organization subsches tabalismence (eas ascito 511 tab) (fin). Complete Part II)	The o	organi	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only o	one box.)			
a An explait or a cooperative hespital service organization described in section 170(b)(1)(A)(iii). Enter the hespital's name, city, and state: a An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An arganization that normally receives exaction 170(b)(1)(A)(v). (Complete Part II.) 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its everption from governmental unit organization and provide organization described in section 509(c)(1). Section 509(c)(2). Complete Part II.) 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its everption fractions constrained and operated exclusively to test for public safety. See section 509(c)(3). Complete Part II.) 11 An organization organized and operated exclusively to test for public safety. See section 509(c)(3). Check the box on lines 124 through 124 that describes the type of supporting organization and complete Intentinstation (4), we provide 10, activation 500(c) (1) su	1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(k). Enter the hospital's name, city, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(k). (Complete Part II.) A feedball, state, or local government organization described in section 170(b)(1)(A)(v). X an organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community or an on-inding grant college of quinciture (see structuons). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its everpt frum contains exceptions; and (2) no more than 33 1/3% of its support from granization attrue 30, 1975. See section 509(a)(2). (Complete Part II.) An organization organization adperated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). (Complete Part II). An organization supervised, or controlled by its supported organization (3), typically by giving the supporting organization operated, supervised, or controlled by its supported organization (3), thenk the box on lines 12 at houph 12 of the describe of the section 509(a)(2). (Complete Part IV, Sections A and B. Type II. A supporting organization supervised, or	2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
 city, and state:	3							-		
 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support form a governmental unit of from the general public described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support form a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(v). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its serengt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its support of organization activities related to be serengt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its support of organization activities related to be serengt functions. An organization organization adjusted and operated exclusively to test for public safety. See section 509(a)(4). An organization organization deperated exclusively to test for public safety. See section 509(a)(3). Check the box on lines 124 through 124 that describes the type of supporting organization accomplete lines 1. Type I. A supporting organization operated, supporting organization accomplete lines 1. Type I. A supporting organization operated, supported organization(s), by plaving the supported organization(s) thregrated. A supporting organization oper	4			ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
e A faderal, stata, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 A faderal, stata, or local governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). 8 A community trust described in section 170(b)(1)(A)(v). Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). Complete Part II.) 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its evenpt functions, subject to carried an exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(4) (2). Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(4): See section 509(4): 12 An organization granization agrianization agrianization and complete lines 12e, 12e, and 12g, and			· · · · · · · · · · · · · · · · · · ·							
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agnization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organization deperated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(4). 12 An organization organization section by performing organization soft(a) (2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization soft(a) (2). See section 509(a)(3). Check the box on lines 12a through 12d that described in section 500(a)(4) or section 500(a)(2). See section 509(a)(3). Check the supporting organization section soft and complete lines 12e, 12l, and 12g. a Type I.I. A supporting organization supervised, or controlled by its supported organization(s), typically by giving the supported organization (s) the supporting organization (s) thore supported organization (s) the organi	5				lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(v). Operated in conjunction with a land-grant college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gores investment income and unrelated business taxable income (sets section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization section 509(a)(2). See section 509(a)(2). Check the box on lines 12a through 12d that describes due or orgularization section 509(a)(2). See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization area organization (spinically by giving the supported organization section 509(a)(2). See section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes and guestively or organization section 509(a)(3). See section 509(a)(3). See section 509(a)(3). See section 509(a)(4). Type I.A supporting organization separated. supported organization (spinically by giving the supported organization section 509(a) or organization second in the same persons that control or manage the supporte	6				antal unit described in	contion 17	70/h)/4)/A)	6.0		
section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization described in section 170(b)(1)(A)(v). (Complete Part II.) 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross investment income and unrelated business taxabile income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 506(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12 anthrough 12 that describes they port supported organizations and complete lines 12e, 12f, and 12g. a Type I. A supporting organization supervised, or controlled by its supported organization(8), thy faulty by giving the supported organization supervised or controlled by its supported organization(8), by having control or management of the supporting organization vested in connection with its supported organization(8), by having control or manage the supported organization(8). You must complete Part IV. Sections A and B. b Type II. A supporting organization supervised or controlled in connection with, and functionally integrated with, its supported organization(8). You must complete Part IV. Sections A and B. c		x	· · · ·	-					ne general r	ublic described in
 A community fust described in section 170(b)(1)(A)(v). [Complete Part II.] An agriculty a research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the support from oachivities related to bis exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from grass investment income and unrelated business taxable income (sees section 501(a)(2). Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in section 509(a)(1) os section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12r, and 12g. Type I. A supporting organization supports of organization and complete lines 12e, 12r, and 12g. Type II. A supporting organization operated in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s). Supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) the organization supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization erepitement and an attentiveness requirement (see	•		-	•		on a gove			ie general j	
9 An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its evenpt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (ess section 511 ta) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box on lines 12 ta through 124 that describes the type of supportid organization and complete lines 12e, 12l, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by laving controlled by its supported organization(s), by pointing organization sector the same persons that control or management of the supporting organization overated in controlled by its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization (i) the organization operated in connection with a supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in conne	8				(1)(A)(vi), (Complete Par	+ II)				
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:			-				ed in coniu	inction with a	land-grant	college
university:				-			-		-	-
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organizations), typically by giving the supported organization operated, supervised, or controlled by its supported organizations) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organizations) the power to regularization elect a majority of the directors or trustees of the supported organizations) the upporting organization supervised or controlled in connection with and functionally integrated with, its supported organization supervised or controlled in connection with, and functionally integrated with, its supported organization (by torus complete Part IV, Sections A and C. c Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) the set instructions). You must complete Part IV, Sections A and D, and Fart V. e Check this box if the organization generally must satisfy a distribution requirement and an attentiveness requirement fee instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization supervised organization generally must satisfy a distribution requirement and an attentiveness resport organization r					, , , , , , , , , , , , , , , , , , ,		, ,	,	0	
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization perated in connection with its supported organization(s). Dynauge organization supervised or controlled in connection with its supported organization supervised or controlled in connection with its supported organization (s) to management of the supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A and D, and E. d Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that its a Type I, Type III functionally integrated, or Type III functionally integrated organizations. g Provide the following information about the supported organization(s) its prate organization (III) Type organization (III) Type organization about the supported organization(s) its prate organization (III) Type organization g Internet of supported organization corganization is not functionally	10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and completel ines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (s) the power to regulary appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization organization operated science or controlled in connection with its supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operatel IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated. Type III one-functionally integrated a supported organization. f Enter the number of supported organizations g Provide the following information about the supported organization. f Enter the number of supported organizations g Provide the following information about the supported organization. f Enter the number of supported organizations g Provide the following information about the supported organization. f (i) Name of supported organizations f (ii) Type of organiz			activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization and complete David Supporting organization. b Type I. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type II functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. c Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II Type III functionally integrated with elevinstruction erganization g Provi			income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
12 An organization organization organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated, supervised, or controlled by its supported organization(s), typically by giving organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization operated in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) the organization supervised a written determination from the IRS that it is a Type II, Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) file the the ordinalization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integr			See section 509(a)(2). (Con	mplete Part III.)						
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12t, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organizations) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in the same persons that control or manage the support supported organization operated in connection with its supported organizations). You must complete Part IV, Sections A and C. c Type II functionally integrated. A supporting organization operated in connection with a functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with a supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type II functionally integrated, or Type III non-functionally integrated supported organizations. g Provide the following information about the supported organization(s). (i) Amount of monetary (ii) Amount of other suport (see instructions) <t< th=""><th>11</th><th></th><th>An organization organized a</th><th>and operated exclusi</th><th>vely to test for public sa</th><th>fety. See</th><th>section 50</th><th>)9(a)(4).</th><th></th><th></th></t<>	11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the support of memory organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. No supported organization from the IRS that it is a Type II, Type III, Type III on-functionally integrated supporting organization. f Enter the number of supported organizations (i) Type III on-functionally integrated organization (generally must support(see instructions) (v) Amount of monetary organization (i) Amount of monetary organization (i) Yape of organization. g Provide the following information about the supported organization(s). </th <th>12</th> <th></th> <th></th> <th>-</th> <th>-</th> <th></th> <th></th> <th></th> <th>•</th> <th></th>	12			-	-				•	
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported organizations (ii) EIN (iii) EIN				-						Check the box on
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization graphization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization (s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. No organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that its a Type II, Type III functionally integrated, or Type III on-functionally integrated organization (i) error organization (ii) Site organization (iii) Site organization (iii) Site organization (iv) Amount of monetary (iv) Amount of other (described on lines 1:10 in organization (iii) Site organization (iii) Site organization (iii) Site organization (iii) Site organization (iv) Amount of other support (see instructions) support (see instructions) support (see instructions) support (see instructions) support (see instructi		_	7 7	• •					-	
organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). f (i) Name of supported (ii) EIN (iii) Type of organization (y) amount of monetary support (see instructions) above (see instructions)) f (ii) Name of supported (iii) EIN (iii) Type of organization (y) amount of monetary support (see instructions) above (see instructions)) f (i) Name of supported organization (iii) EIN (iii) Type of organization (y) amount of monetary support (see instructions) above (see instructions)) f (i) Name of supported organization (iii) Type of organization (y) amount of monetary support (see instructions) above (see instructions)) f (i) Name of supported organization (iii) Type of organization (iiii) Type III (iii) the organization (iiii) Typ	а				-	• • • •	-			
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e C Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organization (i) Name of supported organization (iii) EIN (iii) Type of organization (iv) frame or (see instructions) (iv) Amount of monetary organization (v) Amount of other (iv) Amount of supported organization (v) Amount of monetary (vi) Amount of other (vi) Amount of supported organization (vi) Amount of monetary (vi) Amount of other (vi) Amount of supported organization (vi) Amount of monetary (vi) Am						i majority o	of the direc	tors or trustee	es of the sl	ipporting
control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (ii) EIN ((iii) Type or organization) (iii) EIN ((iii) Type or organization) (iii) EiN ((iii) Type or organization) (iii) EiN ((iii) Type organization) (iii) EiN ((iii) Type organization) (iii) EiN ((iii) Type organization) (iii) EiN ((iii) EiN ((iii) Type organization) (iii) EiN ((iii) EiN ((iii) Type organization) (iv) Amount of monetary (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of monetary (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of monetary (se	h		7 -	-		tion with it	supporto	d organizatio	n(c) by boy	ina
organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1:10 above (see instructions)) (i) Name of supported (iii) EIN (iii) EIN (iii) Part organization (fill be organization above (see instructions)) (ii) Name of supported (iii) EIN	D			-				•		-
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supported organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) Type of organization (described on lines 1:10 above (see instructions)) via generation (iii) Type of organization(s). g Provide the following information about the supported organization(s). (iv) Quagovering document? (vi) Amount of other support (see instructions) organization (iii) Type of organization(s). (vi) Amount of other support (see instructions) (iv) Quagovering document? (vi) Amount of other support (see instructions) support (see instructions) (iv) Quagovering document? Iv) Quagovering document?			-							bonce
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) Ves No (iv) Amount of monetary support (see instructions) (v) Amount of monetary support (see instructions) (vi) Amount of conter support (see instructions) (vi) Amount of monetary support (see instructions)	с		7			in connect	ion with. a	and functional	lv integrate	d with.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization about the supported organization (described on lines 1-10) above (see instructions)) (iv) Is the organization listed in your owning document? (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10) above (see instructions)) (v) Amount of monetary support (see instructions) (v) Amount of monetary support (see instructions) g Provide the following information about the support (see instructions)) Image: support (see instructions) (v) Amount of monetary support (see instructions) (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) (i) Name of support (see instructions) Image: support (see instructions) Image: support (see instructions) Image: support (see instructions) (ii) EIN	-								.,	u ,
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organization about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (b) Name of supported (iii) EIN (iiii) Type of organization (described on lines 1-10 above (see instructions)) (b) Name of supported (iii) EIN (iiii) Type of organization (described on lines 1-10 above (see instructions)) (b) Name of supported (iii) EIN (iiii) Type of organization (described on lines 1-10 above (see instructions)) (b) Name of supported (iii) EIN (iiii) Type of organization (described on lines 1-10 above (see instructions)) (i) Amount of monetary support (see instructions)) (iii) Support (see instructions)) (iv) Amount of monetary support (see instructions) (iv) Amount of monetary support (see instr	d				-				ted organiz	ation(s)
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization (ii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization (v) Amount of monetary support (see instructions) version (vi) Amount of other support (see instructions) in (vi) Is the organization organization (vi) Amount of other support (see instructions) version (vi) Amount of monetary support (see instructions) version (vi) Amount of other support (see instructions) version (vi) Amount of other support (see instructions) version (vi) Amount of monetary									-	
functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) Yes No (v) Amount of monetary support (see instructions) upport (see instructions) (vi) Amount of monetary support (see instructions) (vi) Amount of monetary (vi) Amount of monet			requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
f Enter the number of supported organizations	е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
g Provide the following information about the supported organization (s). (ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1·10) above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Ves No Ves No Support (see instructions)			functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.			
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Image: Comparization (described on lines 1-10) above (see instructions) Image: Comparization lines 1-10) above (see instructions) Image: Comparization lines 1-10) above (see instructions) Image: Comparization lines 1-10) support (see inst	f	Ente	er the number of supported o	organizations						
Impurgation Impurgation Impurgation Impurgation Impurgation organization (m) Full of organization instant of organization support (see instructions) with our game and organization with our game and organization with our game and organization support (see instructions) with our game and organization with our game and organization with our game and organization with our game and organization with our game and organization with our game and ou	g					(iv) is the orga	inization listed	(v) Amount of	monoton	(vi) Amount of other
above (see instructions)) Tes No Advector		U.			(described on lines 1-10	in your governi	ng document?		3	. ,
Image: Sector of the sector			0		above (see instructions))	res	NO		,	, , , , , , , , , , , , , , , , , , , ,
Image: Second										
Image: Constraint of the second se										
Total										
Total										
Total										
Total										
	Tota									

Page 2

CAPI USA 41-1417198 Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) **(a)** 2018 (e) 2022 (b) 2019 (c) 2020 (d) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3,276,399 2,587,955 4,042,911 4,504,253. 5,125,647 19,537,165. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 19,537,165. 3,276,399, 2,587,955. 4,042,911. 4,504,253. 5,125,647, 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 19,537,165. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 2</u>022 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (f) Total 19,537,165. 3,276,399. 2,587,955. 4,042,911. 4,504,253. 5,125,647. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 63,417. 53,628. 513 357 507 118,422. and income from similar sources 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.) 7,705. 19,913 9,822. 28,424. 13,742. 79,606. 19,735,193. **11 Total support.** Add lines 7 through 10 223,491. **12** Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.00 14 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 99.39 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

232022 12-09-22

15410921 144198 239873

%

%

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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 disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	• •	(a) 2018	(b) 2010	(a) 2020	(4) 2021	(a) 0000	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
101	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
Se	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2022 (I	line 8, column (f), d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage			<u> </u>	
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins		
2320	23 12-09-22					Schedule A	A (Form 990) 2022

16 2022.04020 CAPI USA

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22

_	dule A (Form 990) 2022 CAPI USA t IV Supporting Organizations (continued)	41-1417198		age 5
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
200	detail in Part VI. tion B. Type I Supporting Organizations	11c		
sec	uon B. Type i Supporting Organizations		Vee	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic 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)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> Did the organization operate for the benefit of any supported organization other than the supported	cers,	Yes	
-	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	tion C. Type II Supporting Organizations	I =		
			Yes	N
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			
Sec.	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Yes	
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	No
1	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?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
0	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			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			I
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.		n <u>s).</u>	I
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
~	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	<u>3a</u>		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

chedule A (Form 990) 2022 CAPI USA Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	41-141/198 Pag
1 Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	1
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

Sche	dule A (Form 990) 2022 CAPI USA				41-1417198	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)	-	
Secti	on D - Distributions				Current Ye	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributal Amount for :	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
<u>a</u>	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
с	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	CAPI USA		41-1417198	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c lines 2 and 3; Part IV, Section E, lir	s required by Part II, line 10; Part II, line c, 11a, 11b, and 11c; Part IV, Section B, nes 1c, 2a, 2b, 3a, and 3b; Part V, line 1; , and 6. Also complete this part for any a	lines 1 and 2; Part IV, Section Part V, Section B, line 1e; Par	С,
	(See instructions.)				
232028 12-09-2	2		21	Schedule A (Form 9	90) 2022

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

חטן

ber

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	2022
Name of the organization		Employer identification num
CA	USA 41-1417198 Section:	
Organization type (check of	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
-		
X For an organization sections 509(a)(1) contributor, during or (ii) Form 990-E2	and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) For a fine 1. Complete Parts I and II.	that received from any one orm 990, Part VIII, line 1h;
contributor, during literary, or educati	g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scie	entific,
year, contributions is checked, enter purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an s <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled mo here the total contributions that were received during the year for an <i>exclusively</i> religious, mplete any of the parts unless the General Rule applies to this organization because it re le, etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box , charitable, etc., eceived <i>nonexclusively</i>
answer "No" on Part IV, line	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, I ng requirements of Schedule B (Form 990).	

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

Schedule B (Form 990) (2022)

Schedule B

(Form 990)

	3 (Form 990) (2022)	Freed	Page
Name of or	rganization	Emplo	oyer identification number
CAPI USA	х.	4	1-1417198
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$404,218.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$821,437.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,963,572.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$132,167.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990) (2022)		Page 3
Name of or	rganization		Employer identification number
CAPI USA			41-1417198
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - - - - - - - - - - - - - - - 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - \$\$	

15410921 144198 239873

Schedule B (Form 990) (2022)

Name of or	rganization		Employer ide	ntification number			
CAPI USA			41-1417	198			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	through (e) and the following line ent	ction 501(c)(7), (8), or (10) that total more tha	n \$1,000 for the year			
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	ess for the year. (Enter this info. once.) \$				
(a) No.							
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held			
		(e) Transfer of gif	t				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tran	sferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held			
		(e) Transfer of gif	t				
ŀ	Transferee's name, address, a	nd ZI P + 4	Relationship of transferor to tran	sferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held			
-	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tran	sferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held			
		t					
ļ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tran	sferee			
23454 11-15-	-22		Sched	ule B (Form 990) (202			

25 2022.04020 CAPI USA

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.



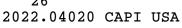
Department of the Treasury Internal Revenue Service Name of the organization

CAPI USA

Employer identification number

41-1417198	
------------	--

Par			r Similar Funds	s or Ac	counts	s. Complete i	f the
	organization answered "Yes" on Form 990, Part IV, lin						<u> </u>
		(a) Donor adv	/ised funds	(b) Funds	s and other acc	ounts
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						
	are the organization's property, subject to the organization's					Yes	No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor o				•		
Dor	impermissible private benefit?					Yes	No
Par				Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recrea	tion or education)				nportant land a	rea
	Protection of natural habitat		Preservation of	of a certif	ied histo	oric structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation con	tribution in the form	of a cor			
	day of the tax year.					leld at the End o	r the rax rear
а					2a		
b					2b		
	Number of conservation easements on a certified historic structure				2c		
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register				2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished,	or terminated by th	e organiz	zation du	uring the tax	
	year						
4	Number of states where property subject to conservation eas	_		-			
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						└ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations	, and enforcing con	Iservatio	n easem	ents during the	e year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations and	enforcing conserv	ation aas	omonte	during the year	r
'	Amount of expenses incurred in monitoring, inspecting, hand	and the second sec		ation eas	ements	during the year	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirem	ents of section 170)(h)(4)(B)(i)		
-	and section 170(h)(4)(B)(ii)?					Yes	No
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footr					oes the	
	organization's accounting for conservation easements.	Ū.					
Par	t III Organizations Maintaining Collections of	f Art, Historical T	reasures, 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 95	8, not to report in its	revenue statement	and bala	nce she	et works	
	of art, historical treasures, or other similar assets held for put	olic exhibition, educat	ion, or research in f	urtheran	ce of pu	blic	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	describes these iter	ns.			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	nue statement and	balance	sheet w	orks of	
	art, historical treasures, or other similar assets held for public	exhibition, education	, or research in furt	herance	of publi	c service,	
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1				\$		
	(ii) Assets included in Form 990, Part X				\$		
2	If the organization received or held works of art, historical tre	asures, or other simila	ar assets for financi	al gain, p	orovide		
	the following amounts required to be reported under FASB A	SC 958 relating to the	ese items:				
	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X				\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			S	chedule D (Fo	rm 990) 2022
232051	09-01-22	26					
		26					



Sche	dule D (Form 990) 2022 CAPI USA						41-141		Pa	_{age} 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historica	al Treasures, o	or Othe	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, access	on, and other record	s, check any	of the following th	at make s	ignificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 🗌 Loan	or exchange prog	ram					
b	Scholarly research	e	e 🗌 Othe	r						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how they fu	ther the organizat	ion's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historic	al treasures, or oth	ner similaı	assets				
	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the orga	nization answered	"Yes" or	n Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.	-							
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contri	butions or other a	ssets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					. 1 f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escro	w or custodial acc	ount liabi	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete									
		(a) Current year	(b) Prior y	ear (c) Two ye	ars back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, coli	umn (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	<u>%</u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are	held and administe	ered for th	ne				
	organization by:								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	e organization's endo	wment funds							
Par	't VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line	11a. See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr) Cost or other basis (other)	1	Accumulate epreciation	ed	(d) Boo	k valu	е
1a	Land			731,641.						641.
b	Buildings			2,966,436.		1,054,	737.	1	,911,	699.
с	Leasehold improvements									
d	Equipment			443,093.		379,	532.		63,	561.
e	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. column (B)	line 10c.)	<u></u>	<u></u>		2	,706,	901.

Schedule D (Form 990) 2022

15410921 144198 239873

(a) D	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Fir	nancial derivatives			
(2) CI	osely held equity interests			
(3) Ot				
(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" of			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part				
	Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	(a) (Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>		. – .		
Part	(Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities.	15.)		
T al l	Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
	(a) Description of liability	on Form 390, Fait IV, line	The of Th. See Form 330, Fait A, line 23	(b) Book value
<u>1.</u>				
(1)	Federal income taxes PPP LOAN			15,609.
(2)				13,005.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Totol		05.)		15,609.
	(Column (b) must equal Form 990, Part X, col. (B) line ability for uncertain tax positions. In Part XIII, provide		the organization's financial statements t	/
	ganization's liability for uncertain tax positions under			

Schedule D (Form 990) 2022

232053 09-01-22

15410921 144198 239873

Schedule D (Form 990) 2022 CAPI USA

Part VII Investments - Other Securities.

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

Sche	dule D (Form 990) 2022 CAPI USA		41-143	17198 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Rev	enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	5,192,911.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	-106.	
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	-106.
3	Subtract line 2e from line 1			5,193,017.
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		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.		5,193,017.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exp	penses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.		
1	Total expenses and losses per audited financial statements		1	5,615,636.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			5,615,636.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с			4c	٥.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>3.)</u>		5,615,636.
Pa	rt XIII Supplemental Information.	-		
Drov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	I: Part IV lines 1h and (b: Part V line 1: Part V li	no 2: Dort VI

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:

THE ORGANIZATION HAS RECEIVED NOTIFICATION THAT IT QUALIFIES AS A

TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL

REVENUE CODE AND CORRESPONDING PROVISIONS OF STATE LAW AND, ACCORDINGLY,

IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, UNRELATED

BUSINESS INCOME MAY BE SUBJECT TO TAXATION.

ACCOUNTING STANDARDS REQUIRE THE ORGANIZATION TO EVALUATE POSITIONS TAKEN

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

ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT

WOULD NOT BE SUSTAINED UPON EXAMINATION BY APPLICABLE TAX AUTHORITIES.

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

232054 09-01-22

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

CONCLUDED THAT AS OF DECEMBER 31, 2022 AND 2021, THERE ARE NO UNCERTAIN

POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF

A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE

ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY

FEDERAL AND STATE AUTHORITIES. THE ORGANIZATION IS NOT CURRENTLY UNDER

EXAMINATION BY ANY TAXING JURISDICTION.

Schedule D (Form 990) 2022

232055 09-01-22

15410921 144198 239873

30 2022.04020 CAPI USA

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2022	
Department of the Treasury Internal Revenue Service	0.1	Attach to Form 990 o				_		Open to Public Inspection	
Name of the organization		to www.irs.gov/Form990 for instruct	tions	and ti	ne latest information	ח.		ntification number	
	CAPI USA						41-141719		
	complete this par	 Complete if the organization answe t. 	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
 a X Mail solicitat b Internet and c Phone solici d X In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, P) highest paid indiv	f X Solicita g X 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	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
PAUL SCHULTZ - 393			Yes	No	-				
AVE NO, MINNEAPOLI	S, MN	GRANT WRITING		X	0.		18,513.	-18,513.	
Total							18,513.	-18,513.	
	ich the organizatio	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is o	•	· · · ·	
MN									
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form 9	90 or	990-E	Z.		Schedule	G (Form 990) 2022	

SEE PART IV FOR CONTINUATIONS

232081 10-27-22

Schedule G	(Form	990) 2022
concaute a	(1 01111	000	,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

				· · · · · · · · · · · · · · · · · · ·	5 1	<u> </u>
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
~			(event type)	(event type)	(total number)	col. (c))
anue						
Revenue	1	Gross receipts				
	2	Less: Contributions				
	-					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
es						
ensi	6	Rent/facility costs				
Direct Expenses	_					
irect	7	Food and beverages				
D	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)	• • •		
_	11	Net income summary. Subtract line 10 from lin				
Pa	irt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
щ	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
EXE						

%

Yes

No

%

Yes

No

%

Yes

Yes

Schedule G (Form 990) 2022

Yes

No

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

32

No

No

232082 10-27-22

Direct

4

5

Rent/facility costs

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities:

Other direct expenses

6 Volunteer labor

b If "No," explain:

b If "Yes," explain: _

Sch	edule G (Form 990) 2022	CAPI USA 4:	L-14171	98	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?	🗌	Yes	No No
		ficiary 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				
а	The organization's facility	· · ·	13a		%
					%
		e person who prepares the organization's gaming/special events books and records:			
	Name				
	Address				
15a	Does the organization have a cont	tract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gam	ing revenue received by the organization \$ and the amount			
	of gaming revenue retained by the				
	If "Yes," enter name and address				
		or the unit party.			
	Name				
	Address				
16	Gaming manager information:				
	danning manager mormation.				
	Name				
	Gaming manager compensation	\$			
		·			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
а	Is the organization required under	state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?			Yes	🗌 No
b	Enter the amount of distributions	required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activiti				
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, li	nes 9,	9b, 10b,
		applicable. Also provide any additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: PAUL	SCHULTZ			
(I)	ADDRESS OF FUNDRAISER: 39	34 XERXES AVE NO, MINNEAPOLIS, MN 55412			

232083 10-27-22

15410921 144198 239873

Schedule G (Form 990) 2022

Schedule G	i (Form 990)	CAPI USA
Part IV	Supplemen	tal Information (continued)

Schedule G (Form 990)

232084 04-01-22

15410921 144198 239873

SCHEDULE I (Form 990)	Go	Frants and Other of the organization of the or	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Compi	ete in the organizatio	Attach to Form		rt IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for		ation.		Inspection
Name of the organization CAPI USA							Employer identification number 41-1417198
Part I General Information on Gra	ants and Assistance						
1 Does the organization maintain rec		-			-		
criteria used to award the grants o	r assistance?						X Yes No
2 Describe in Part IV the organization							
Part II Grants and Other Assistant recipient that received more	_				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organizat or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VIETNAMESE SOCIAL SERVICES OF MINNESOTA - 277 UNIVERSITY AVE WEST - ST. PAUL, MN 55103	INUE 36-3532232	501(C)(3)	47,152.	0.			COMMUNITY SERVICES
,							
KAREN ORGANIZATION OF MINNESOT	'A						
2353 RICE STREET #240							
ROSEVILLE, MN 55117	30-0438142	501(C)(3)	72,967.	0.			COMMUNITY SERVICES
TUTAPONA PO BOX 214	26 2480207	E01(0)(2)	21 272				CONCUMENTARY GENUTCES
NEW RICHMOND, WI 54017	26-2480207	501(C)(3)	31,372.	0.			COMMUNITY SERVICES
MINNEAPOLIS COLLEGE 1501 HENNEPIN AVE	4 4000500		25.005				
MINNEAPOLIS, MN 55403	41-1288502	501(C)(3)	35,995.	0.			COMMUNITY SERVICES
COMMUNITY INTEGRATION CENTER 201 5TH ST SW			105.046				
WILLMAR, MN 56201	82-2096014	DUT(C)(3)	105,946.	0.			COMMUNITY SERVICES
RIDGEWATER COLLEGE 2101 15TH AVE NW							
WILLMAR, MN 56201	41-1687554		5,200.	0.			COMMUNITY SERVICES
2 Enter total number of section 501(e line 1 table				
3 Enter total number of other organized	zations listed in the line 1	I table					

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

Schedule I (Form 990) 2022

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENTER FOR ENERGY AND ENVIRONMENT 12 THIRD AVENUE NORTH, SUITE 560							
MINNEAPOLIS, MN 55401	41-1647799	501(C)(3)	10,000.	٥.			COMMUNITY SERVICES
SOCIAL GOOD FUND							
12651 SAN PABLO AVE #5473							
RICHMOND, CA 94805	46-1323531	501(C)(3)	7,500.	0.			COMMUNITY SERVICES
INDEPENDENT SCHOOL DISTRICT 281							
4148 WINNETKA AVE N							
MINNEAPOLIS, MN 55427		OTHER	43,915.	0.			COMMUNITY SERVICES
CENTURY COLLEGE							
3300 CENTURY AVE N							
WHITE BEAR LAKE, MN 55110	47-4178427	501(C)(3)	10,970.	٥.			COMMUNITY SERVICES
			,				
ONE FAMILY							
1095 MATILDA ST							
ST. PAUL, MN 55117	27-3084695	501(C)(3)	16,000.	0.			COMMUNITY SERVICES
HMONG AMERICAN PARTNERSHIP							
1075 ARCADE STREET							
ST. PAUL, MN 55106	41-1667580	501(C)(3)	6,000.	0.			COMMUNITY SERVICES
PILLBURY UNITED COMMUNITIES							
3650 FREMONT AVE NO							
MINNEAPOLIS, MN 55412	41-0916478	501(C)(3)	8,000.	0.			COMMUNITY SERVICES
BHUTANESE COMMUNITY ORGANIZATION							
OF MINNESOTA - 2499 RICE ST - ST.							
PAUL, MN 55113	36-4670106	501(C)(3)	15,000.	0.			COMMUNITY SERVICES
			1				

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Schedule I (Form 990) 2022 CAPI

CAPI USA

Page 2

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

(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
-	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grant	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (c) Amount of cash grant (d) Amount of non-cash assistance (c) Amount of cash grant (c) Amount of cash assistance (c) Amount of cash grant (c) Amount of cash assistance (c) Amount of cash grant (c) Amount of cash assistance (c) Amount of cash grant (c) Amount of cash assistance (c) Amount of cash grant (c) Amount of cash assistance (c) Amount of cash grant (c) Amount of cash assistance (c) Amount of cash grant (c) Amount of cash assistance (c) Amount of cash grant (c) Amount of cash assistance (c) Amount of cash grant (c) Amount of cash assistance (c) Amount of cash grant (c) Amount of cash assistance (c) Amount of cash grant (c) Amount of cash assistance (c) Amount of cash grant (c) Amount of cash assistance (c) Amount of cash assistance (c) Amount of cash assistance (c) Amount of cash assistance (c) Amount of cash assistance (c) Amount of cash assistance (c) Amount of cash assistance (c) Amount of cash assistance (c) Amount of cash assistance (c) Amount of cash assistance (c) Amount of cash assistance<	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Image:

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

PART I, LINE 2:

THE ORGANIZATION SIGNED A MONITORING OF USE CONTRACT WITH THE GRANTEES TO

TRACK OUTCOMES AND REPORTING.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization

Employer identification number

ſ ΖU Open to Public

	CA

	CAPI USA				41-	1417198	3	
Pa	rt 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	(c Method of c noncash contrib	letermini	•	s
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 \dots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	46,259	90,421.	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 organiz							
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29			0	N
00-		· · · · · · · · · · · · · · · · · · ·		autod in Daut I. Kana 4 Haussia	h 00 that it		Yes	No
JUa	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t					20-		х
L	exempt purposes for the entire holding period?	r				30a		
	If "Yes," describe the arrangement in Part II.	oliov that	quiros the review of	of any nonetandard contribut	ione?	04		х
31	Does the organization have a gift acceptance p	bolicy that re	quires the review (or any nonstanuaru contribui	ions?	31		Δ

contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

32a

232141 09-09-22

Х

Schedule M	(Form 990	2022 (CAPI	USA
------------	-----------	--------	------	-----

Part II

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.

SCHEDULE M, PART I, COLUMN (B):

THE UNIVERSITY IS REPORTING NUMBER OF POUNDS OF FOOD IN COLUMN (B).

Schedule M (Form 990) 2022

15410921 144198 239873

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 41-1417198

CAPI USA

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

AND SOCIAL EQUALITY.

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

AFGHAN RESETTLEMENT PROGRAM- IN PARTNERSHIP WITH DHS CAPI RESETTLED 250

AFGHAN EVACUEES FAMILIES IN MN IN 2022.

AFGHAN HOUSING STABILITY PROGRAM: SECURE AFFORDABLE HOUSING FOR

INCOMING AFGHAN REFUGEE FAMILIES AND ASSIST IN STABILIZING THEIR

FINANCES

AFGHAN CAREER COACHING FUNDED BY OFFICE OF REFUGEE RESETTLEMENT TO

LAUNCH CAREER-FOCUSED SERVICES TARGETING THE LARGE POPULATION OF

RECENTLY-ARRIVED AFGHAN REFUGEES TO THE AREA. CAPI'S AFGHAN CAREER

COACHING INITIATIVE WILL SERVE 300 AFGHANS IN LONG-TERM INTEGRATED

EDUCATION AND TRAINING (IET) SERVICES. THESE SERVICES WILL ENHANCE AND

EXPAND MINNESOTA'S ORR-FUNDED SERVICE INFRASTRUCTURE WHILE RESPONDING

TO LABOR MARKET DEMANDS.

INTERNATIONALLY TRAINED PROFISSIONALS: DEVELOP PROGRAM ACCESS MODELS AS

"ROAD MAPS" FOR INTERNATIONALLY TRAINED PROFESSIONALS SEEKING TO REGAIN

LICENSURE THROUGH PASSING BOARDS AND LICENSING EXAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PUBLIC BENEFIT ENROLLMENTS 1,234 CAPI CLIENTS ENROLLED IN AT LEAST ONE

PUBLIC BENEFIT TO ENHANCE THEIR ECONOMIC POSITION; 518 ENROLLED IN

MNSURE AND 716 ENROLLED IN EITHER SNAP, UNEMPLOYMENT BENEFITS, ENERGY

ASSISTANCE, RENTAL ASSISTANCE, OR ANOTHER PUBLIC BENEFIT. CAPI

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

Schedule O (Form 990) 2022

Name of the organization

CAPI USA

SUBMITTED A TOTAL OF 2,567 APPLICATIONS ON BEHALF OF COMMUNITY

MEMBERSAN AVERAGE OF 2.1 BENEFIT APPLICATIONS PER CLIENT.

HMONG SENIOR SUPPORT SERVICES 60 HMONG SENIORS ACHIEVED AT LEAST ONE

INDEPENDENT LIVING GOAL AND 50 HMONG ADULT CAREGIVERS INDICATED THAT

THEY HAD ACQUIRED NEW SKILLS AND/OR ACCESSED ASSISTANCE SERVICES.

COVID COMMUNITY CONNECTIONS & COMMUNITY HEALTH PROGRAMING CAPI REACHED

3,613 INDIVIDUALS THROUGH EDUCATION/OUTREACH EFFORTS, FACILITATED 20

IN-PERSON OUTREACH EVENTS/VACCINE & TESTING CLINICS, AND VACCINATED

1,241 PERSONS AT 30 VACCINATION CLINICS. A TOTAL OF 81 INDIVIDUALS

(LARGELY SENIORS) PARTICIPATED IN GROUP BASED MENTAL HEALTH PROGRAMING

PILOTS. 33% OF THESE PARTICIPANTS SELF-REPORTED REDUCED TRAUMA SYMPTOMS

FOLLOWING THE 2-WEEK PROGRAMING.

HOUSING STABILITY PROGRAM 41 FAMILIES AT RISK OF HOMELESSNESS RECEIVED

INTENSIVE CASE MANAGED SUPPORT. CAPI PROVIDED 25 OF THESE FAMILIES WITH

DIRECT ONE-TIME RENTAL SUBSIDIES DESIGNED TO PREVENT EVICTION OR

IDENTIFY EMERGENCY HOUSING FOR AVOIDING HOMELESSNESS. CAPI CONNECTED

102 FAMILIES WITH EMERGENCY HOUSING FINANCIAL ASSISTANCE THROUGH RENT

HELP AND PROJECT HOPE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

(2) GREEN ENERGY TRAINING IN PARTNERSHIP WITH THE CENTER FOR ENERGY AND

ENVIRONMENT; (3) AFRICAN IMMIGRANT COMMUNITY JOB PLACEMENT AND TRAINING

SERVICES (WITH A SUBGRANT TO THE WILLMAR-BASED COMMUNITY INTEGRATION

CENTER); AND (4) A NEW INTERNATIONALLY TRAINED HEALTHCARE PROFESSIONALS

PROGRAM TO HELP INDIVIDUALS ACQUIRE INTERNATIONAL

232212 10-28-22

Schedule O (Form 990) 2022 Name of the organization	Page Employer identification number
CAPI USA	41-1417198
CREDENTIALS/TRANSCRIPTS REVIEWED FROM WORLD EDUCATION SERVICES, CONNECT	
NITH AND PASS BOARD/NATIONAL CERTIFICATION EXAMS, ACCESS CREDIT FOR	
PRIOR HIGHER LEARNING & CREDIT, AND OBTAIN EQUIVALENT HEALTHCARE	
CAREERS IN THE UNITED STATES. FURTHER, CAPI RENEWED ITS NURSING	
ASSISTANT AND SOUTHEAST ASIAN EQUITY JOBS AND TRAINING PROGRAMS.	
EMPLOYMENT DEVELOPMENT AND GENERAL JOB SEARCH GENERAL JOB SEARCH	
SERVICES SERVED 44+ INDIVIDUALS IN 2022. IN JANUARY 2022, CAPI EXPANDED	
EMPLOYER PARTNERSHIPS INCLUDING:	
PROPERTY MAINTENANCE: AEON, SHERMAN ASSOCIATES, DOMINIUM AND EBENEZER	
SENIOR LIVING	
HEALTHCARE: M HEALTH FAIRVIEW, NORTH MEMORIAL, CHILDREN'S MN, EBENEZER	
SENIOR LIVING AND RISEN HOME CARE; AND	
GENERAL EMPLOYER PARTNERS (NOT RELATED TO TRAININGS): MEDTRONIC,	
MEDLINE, HILTON DOWNTOWN AND GREAT WOLF LODGE.	
CAPI'S FINANCIAL OPPORTUNITY CENTER (FOC) CONTINUED TO MAKE FINANCIAL	
SERVICES INCREASINGLY ACCESSIBLE TO BIPOC COMMUNITIES, PLACING A	
SPECIAL EMPHASIS ON CONNECTIONS TO THE 600+ MFIP AND CAREER PATHWAYS	
PROGRAM PARTICIPANTS SERVED ANNUALLY. KEY 2022 OUTPUTS AND OUTCOMES	
INCLUDE:	
FINANCIAL COACHING AND FINANCIAL EDUCATION THE INTEGRATED SERVICES OF	
CAPI'S FINANCIAL OPPORTUNITY CENTER (FOC) PROVIDED 83 INDIVIDUALS	
(MOSTLY CAREER PATHWAYS & MFIP CLIENTS) WITH 1:1 FINANCIAL COACHING;	
75% OF PARTICIPANTS INDICATED IMPROVEMENTS IN SAVINGS AND/OR CREDIT	
SCORES. FOC STAFF WORKED WITH 38 INDIVIDUALS TO COMPLETE A FAMILY	
BUDGET, 35 INCREASED THEIR CREDIT SCORES, AND 77 CLIENTS COMPLETED	
FINANCIAL EDUCATION CLASSES (WITH 85% INDICATING ENHANCED KNOWLEDGE).	
232212 10-28-22 42	Schedule O (Form 990) 20

Schedule O (Form 990) 2022

Name of the organization

CAPI USA

Page 2 Employer identification number 41-1417198

HOMEBUYER SERVICES 72 CLIENTS COMPLETED 8-HOUR HOME STRETCH HOMEBUYER WORKSHOPS; 39 RECEIVED HOMEBUYER FINANCIAL WELLNESS OR HOMEBUYER COUNSELING WITH 10 PURCHASING HOMES. FURTHER, CAPI ADDED A SECOND FINANCIAL & HOMEOWNERSHIP COACH (FINANCIAL & HOMEOWNERSHIP COUNSELING IS NOW OFFERED IN HMONG, SPANISH AND ENGLISH), EXPANDED FUNDING WITH MHFA AND NATIONAL FUNDERS WHILE SECURING NEW CITY OF MINNEAPOLIS FUNDING, FINALIZED A HUD APPLICATION FOR 2023 SUBMISSION, AND OFFERED MATCHING SAVINGS PRODUCT FOR THE FIRST TIME. HOME STRETCH WORKSHOPS WERE EXPANDED WITH BROADENING PARTNERSHIPS WITH REALTORS AND BANKS AND ARE NOW OFFERED IN BOTH SPANISH AND ENGLISH. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: OUTREACH EFFORTS FILLED 115 VOLUNTEER SLOTS TO MAKE 118,883 OUTREACH CALLS, RESULTING IN 2,338 PEOPLE CANVASSED/DIRECT CONVERSATIONS ABOUT VOTING. ALSO, 38 COMMUNITY MEMBERS PARTICIPATED IN REDISTRICTING SESSIONS AND TESTIMONY WAS GIVEN TO THE MN HOUSE SPECIAL REDISTRICTING COMMITTEE AND THE MN JUDICIAL BRANCH SPECIAL REDISTRICTING PANEL. TCYLB- "TWIN CITIES YOUTH LEADERSHIP BOARD" THIS NEW YOUTH GROUP (AGES 14-18) WAS LAUNCHED IN 2022 AS CAPI AIMED TO DIRECT MORE ENERGY TOWARD BASE BUILDING WITH YOUTH THAN IN YEARS PAST. THE PURPOSE OF THE GROUP IS TO DEVELOP LEADERSHIP AND ORGANIZATIONAL SKILLS, FIRST BY UNDERSTANDING THEIR PASSIONS AND THEIR IDENTITIES, THEN BY CREATING A PRODUCT THAT CREATES AWARENESS OF THEIR PARTICULAR PASSION. THIS YEAR PARTICIPANTS TACKLED SUCH ISSUES AS TEEN SUBSTANCE ABUSE AND THE IMPORTANCE OF VOTING.

232212 10-28-22

Name of the organization	Employer identification number
CAPI USA	41-1417198
COLLABORATION WITH CAPI'S SENIOR SERVICES TEAM THE CIVIC ENGAGEMENT	
STAFF WORKED WITH CAPI'S SENIOR TEAM TO HOST SEVERAL FOCUS GROUPS AND	
COMMUNITY FORUMS THAT ENABLED PARTICIPANT SENIORS TO ENGAGE WITH PUBLIC	
OFFICIALS AND CANDIDATES. THE SENIORS HAD THE OPPORTUNITY TO VOICE	
THEIR CONCERNS AND SHARE IDEAS TO ADDRESS COMMUNITY ISSUES.	
PUBLIC POLICY PLATFORM CAPI COMPLETED ITS FIRST-EVER BOARD APPROVED	
PUBLIC POLICY PLATFORM IN 2022.	
ACTIVE PARTICIPATION IN COALITIONS/TABLES CAPI'S CIVIC ENGAGEMENT UNIT	
COORDINATED THE FULL CAPI STAFF'S ACTIVE INVOLVEMENT IN 9	
COALITIONS/TABLES THAT ADVANCED THE AGENCY'S MISSION AND PROGRAMMING.	
THESE INCLUDED: ASIAN MINNESOTA ALLIANCE FOR JUSTICE (AMAJ), BLUE LINE	
COALITION (BLC), BROOKLYN CENTER HOUSING PROJECT'S ADVISORY COUNCIL,	
BROOKLYN'S HERITAGE, MINNESOTA EMPLOYMENT SERVICES CONSORTIUM (MESC),	
IGNITE MINNESOTA'S ASIAN POWER (IMAP), AND THE NAVIGATOR COALITION.	
CAPI'S TWIN CITIES WORLD REFUGEE DAY (TCWRD) CAPI HOSTED ITS 15TH	
ANNUAL TCWRD. GIVEN ONGOING COVID-19 CONCERNS, THE EVENT TOOK ON A	
HYBRID IN-PERSON/ONLINE FORMAT. WITH SUPPORT FROM 4 SPONSORS, TCWRD	
FEATURED 8 LOCAL ARTIST PERFORMANCES AND DREW 75-80 IN-PERSON	
ATTENDEES. 4,900+ WATCHED AND PARTICIPATED ONLINE.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
AFGHAN EMERGENCY RESETTLEMENT CAPI ASSISTED IN THE EMERGENCY	
RESETTLEMENT CASE MANAGEMENT OF APPROXIMATELY 250 AFGHAN HOUSEHOLDS	
ARRIVING IN MINNESOTA AFTER THE U.S. EVACUATION OF AFGHANISTAN IN	
SEPTEMBER 2021. IN ALL, CAPI PROVIDED JUST OVER 450 INDIVIDUALS WITH	
FULL RESETTLEMENT SERVICES THROUGHOUT THE FIRST 6 MONTHS OF 2022.	
232212 10-28-22	Schedule O (Form 990) 202

Name of the organization

CAPI USA

Page 2 Employer identification number 41-1417198

AFGHAN H	OUSING	STABILITY	PROGRAM	81	FAMILIES	IN	UNSTABLE A	ND
----------	--------	-----------	---------	----	----------	----	------------	----

UNSUSTAINABLE HOUSING SITUATIONS WERE PROVIDED CASE MANAGEMENT SERVICES

AND 100% RECEIVED RENTAL SUBSIDIES FOR 3-MONTH INCREMENTS TO FURTHER

HELP STABILIZE THEIR LIVING SITUATION. A TOTAL OF 451 INDIVIDUALS HAVE

BEEN SUPPORTED THROUGH THIS PROGRAM SO FAR.

UPCOMING NEW PROGRAMING IN 2022, CAPI RECEIVED AN ORR GRANT TO PROVIDE

AFGHAN CAREER COACHING AND WILL BE LAUNCHING THAT PROGRAM IN EARLY

2023. IT WILL RUN UNTIL END OF 2025 AND WILL ASSIST MANY NEWLY ARRIVED

AFGHAN INDIVIDUALS IN FINDING STABLE AND DIGNIFIED WORK. FURTHER, CAPI

IS EXPLORING THE CREATION OF A ROBUST URBAN GARDEN PROGRAM, SEPARATE

FROM ITS FOOD SHELF. THE PROGRAM WOULD SEEK TO CREATE MANY NEW URBAN

GARDENS IN THE NORTH METRO (AN AREA WITH VERY FEW GARDENING OPTIONS AND

LIMITED ACCESS TO AFFORDABLE FRESH PRODUCE) AND WILL HELP CONNECT BIPOC

COMMUNITY MEMBERS TO PLOTS ON WHICH THEY CAN GROW CULTURALLY RELEVANT,

NUTRITIOUS FOOD. CAPI HAS ALSO SUBMITTED SEVERAL GRANTS FOR OTHER NEW

PROGRAMMING INCLUDING EXPANDED HOLISTIC HEALTH & WELLBEING SERVICES AND

IS CURRENTLY EXPLORING PROGRAMMING OPTIONS FOR UKRAINIAN REFUGEE

SUPPORT.

EXPENSES \$ 316,559. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE EXECUTIVE COMMITTEE OF CAPI SHALL BE COMPOSED OF THE PRESIDENT, VICE

PRESIDENT, SECRETARY, AND TREASURER. THE EXECUTIVE COMMITTEE SHALL HAVE THE

AUTHORITY TO ACT FOR THE BOARD OF DIRECTORS IN THE INTERVALS BETWEEN BOARD

MEETINGS AND TO PERFORM SUCH OTHER DUTIES AS MAY BE PRESCRIBED BY THE

BY-LAWS OR DELEGATED TO IT BY THE BOARD OF DIRECTORS. IT SHALL AT ALL TIMES

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization CAPI USA	Employer identification number 41-1417198
BE SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
CAPI'S INDEPENDENT AUDITING FIRM 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 QUESTIONS. FOLLOWING PRESENTATION AND	
QUESTIONS, 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.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE CAPI EXCOM-BOARD COMMITTEE REVIEW AND CONDUCT PERFORMCE REVIEW PROCESS	
FOR THE CEO, COMPARABLE OVERALL PERFORMCE AND MARKET RATE AND AGENCY	
COMPENSATION PHILOSOPHY.	
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:	

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THEIR

232212 10-28-22

Schedule O (Form 990) 2022	Page 2			
Name of the organization CAPI USA	Employer identification number 41-1417198			
	#1-1#1/190			
WEBSITE AND UPON REQUEST.				
232212 10-28-22	Schedule O (Form 990) 2022			

15410921 144198 239873