

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
 Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning 10/01, 2010, and ending 09/30, 20 11

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CAPITAL FOR GOOD USA Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 115 BLOOMINGDALE AVE City or town, state or country, and ZIP + 4 WAYNE, PA 19087	D Employer identification number 27-0915757 E Telephone number (610) 254-0000
	F Name and address of principal officer: DOUG BALFOUR 115 BLOOMINGDALE AVE. WAYNE, PA 19087	
	G Gross receipts \$ 296,998.	
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: WWW.CAPITALFORGOOD.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2009 **M State of legal domicile:** PA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: CAPITAL FOR GOOD USA IS AN ORGANIZATION WHOSE MISSION IS TO ALLEVIATE POVERTY AND SUFFERING AND ADVANCE THE HEALTH, EDUCATION, PROSPERITY AND WELL BEING OF THE POOR, VULNERABLE AND MARGINALIZED PEOPLE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0.
	6	Total number of volunteers (estimate if necessary)	0	0.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	159,164.	296,998.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,000.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	160,164.	296,998.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	125,000.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16b		Total fundraising expenses (Part IX, column (D), line 25)		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	31,081.	20,597.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	156,081.	33,797.	
19	Revenue less expenses. Subtract line 18 from line 12	4,083.	263,201.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 4,083.	End of Year 268,484.
	21	Total liabilities (Part X, line 26)	0.	1,200.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,083.	267,284.

Part II Signature Block

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

Sign Here	Signature of officer: <i>Karen Robinson</i> Type or print name and title: Karen Robinson, Treasurer	Date: 5/25/12
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Paid Preparer Use Only	Print/Type preparer's name BERNADETTE M. DANIEL, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00026171
	Firm's name ▶ ASHER & COMPANY, LTD.	Firm's EIN ▶ 23-1914020		Firm's address ▶ 1801 MARKET STREET, SUITE 1700 PHILADELPHIA, PA 19103	
	Phone no. 215-564-1900				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 13,200. including grants of \$ 13,200.) (Revenue \$ _____)

ATTACHMENT 2

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 13,200.