### Form **990**

**Return of Organization Exempt From Income Tax** 

**ZU** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

A	For the	ne 2023 calen	dar year, or ta		nina		and ending	illiation.		20	
_		if applicable:	C	x year begin	IIIII g	, 2023,	and chang	D Emplo		fication number	
			_						-		
	$\blacksquare$	ddress change	CAPABLE	TDTXM BI	VD #100 PMB 20	2		E Teleph	-8086		
	$\mathbf{H}$	ame change	MAMMOTH :			۷.		· ·			
	In	itial return		шишо, с	11 33340			714	-514	-0828	
	Fir	nal return/terminated									
	Ar	mended return						<b>G</b> Gross			,260.
	Ap	oplication pending	F Name and ad	Idress of principa	al officer: SEAN GALA	WAY		(a) Is this a group retu			X <sub>No</sub>
			SAME AS	C ABOVE	·		Н	(b) Are all subordinate If "No," attach a lis	s included	1? Yes	No
I	Tax-	exempt status:	X 501(c)(3)	501(c) (	) (insert no.)	4947(a)(1) or	527	ii ivo, attacira iis	it. OCC 1113	u uctions.	
J	We	bsite: Ww	W.CAPABLE	. ORG			Н	(c) Group exemption i	number		
K	Form	n of organization:	X Corporation	Trust	Association Other	LY	ear of formation	: 2007 <b>M</b>	State of le	egal domicile: WA	
	rt I	Summar				ı		2007		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	1	Briefly descri	be the organiz	ation's miss	ion or most significant	activities:TO	END EXT	REME POVER	Y TN	NORTHERN	
-		UGANDA.						10121			
Governance		<u> </u>									
'n											
š	2	Check this bo	ox lif the	e organizatio	on discontinued its oper	rations or dispo	osed of more	e than 25% of its	net as	- – – – – – – sets.	
ၓ	3	Number of vo			rning body (Part VI, lin						6
•ŏ	4	Number of in	dependent vot	ting member	s of the governing body	y (Part VI, line	1b)		4		5
ë.	5				n calendar year 2023 (F						2
Activities &	6				necessary)						0
Ac					Part VIII, column (C), I				7a		0.
	b	Net unrelated	l business tax	able income	from Form 990-T, Part	: I, line 11			7b		0.
								Prior Year	•	Current Yo	ear
ø	8				: 1h)				778.	1,167	,260.
Revenue	9	Program serv	rice revenue (l	Part VIII, line	e 2g)						
eve	10		•		A), lines 3, 4, and 7d).						
ď	11				nes 5, 6d, 8c, 9c, 10c,	•					
	12				(must equal Part VIII,			1,071,		1,167	,260.
	13	Grants and s	imilar amounts	s paid (Part	IX, column (A), lines 1	-3)		794,	040.	828	,841.
	14	Benefits paid	to or for men	nbers (Part I	X, column (A), line 4).						
۰,	15	Salaries, other	er compensati	on, employe	e benefits (Part IX, col	umn (A), lines	5-10)	233,	309.	151	,181.
Ses	16a	Professional	fundraising fe	es (Part IX,	column (A), line 11e)						
Expenses	h		-		lumn (D), line 25)		4,258.				
Ä	17				—			0.5	0.40	101	410
			•		nes 11a-11d, 11f-24e).				940.		<u>, 412.</u>
	18				equal Part IX, column					1,081	
	19	Revenue less	expenses. Si	ubtract line	8 from line 12			-41,	511.		<u>,826.</u>
Net Assets or Fund Balances								Beginning of Curre		End of Ye	
set	20							540,			<u>,315.</u>
t As	21	Total liabilitie	s (Part X, line	26)				14,	147.	6	<u>,</u> 359.
	1	Net assets or	fund balance	s. Subtract I	ine 21 from line 20			526,	130.	611	,956.
Pa	rt II	Signatur	e Block								
Und	er penal	ties of perjury, I de	eclare that I have e	xamined this ret	urn, including accompanying so all information of which prepa	chedules and staten	nents, and to the	e best of my knowledg	e and beli	ef, it is true, correct	, and
com	piete. D	eciaration of prepa	irer (otner than offi	cer) is based on	all information of which prepa	rer has any knowled	ige.				
Sig	gn	Signature of	officer					Date			
He	re		GALAWAY				EX	ECUTIVE DI	RECTC	)R	
		Type or prin	name and title								
		Print/Type p	oreparer's name		Preparer's signature		Date	Check	if	PTIN	
Pa	id	CURTT!	CRAIG,	CPA	CURTIS CRAIG,	CPA		self-emplo	yed	P01772809	
	epare				ER & CO., LLP	<del></del>	1	, ,			
	e On			CONCOUR				Firm's EIN	95-	-3623488	
		, iiiii s addii	ONTAI		91764			Phone no.	(909		10
Ma	v the I	RS discuss th			shown above? See in	structions			•	X Yes	No
IVICE.	y 1.11C 1	i vo discuss li	no roturn with	The brehale	PUDMU APONE: DEC III	J. 1 UCLIONS				.   172   1 62	140

rai	Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission:									
	TO END EXTREME POVERTY IN NORTHERN UGANDA.									
	Did the organization undertake any significant program services during the year which were not listed on the prior									
	Form 990 or 990-EZ?									
	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 X No									
	If "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,									
	and revenue, if any, for each program service reported.									
4a	(Code: ) (Expenses \$ 976,895. including grants of \$ 828,841.) (Revenue \$ 1,167,260.)									
	SEE SCHEDULE O									
4b	(Code:) (Expenses \$ including grants of \$)									
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )									
	<del></del>									
<b>1</b> 4	Other program services (Describe on Schedule O.)									
4U	(Expenses \$ including grants of \$ ) (Revenue \$ )									
/10	Total program service expenses 976 895									

# Form 990 (2023) CAPABLE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		X
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Χ	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

# Form 990 (2023) CAPABLE Part 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.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part l</i>	25b		Х
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? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27		Х
	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? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	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.	38	X	
Par	t 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		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.	X	
ВΛΛ	(gambling) winnings to prize winners?	1c	Λ 000 (	(0000

Form 990 (2023) CAPABLE
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country <u>UGANDA</u>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
Ĭ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-		X
		14a 14b		Λ
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14D		
ıIJ	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would	17		
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	n 100, complete i dini 0000.			

Form 990 (2023) CAPABLE 20-8086140 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* ... .SEE .SCHEDULE . O ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X 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 arrangement with a X taxable entity during the year?..... 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O

State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

	Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	nsate	ed an	y cu	rrent officer, direct	or, or trustee.	
	<b>(A)</b> Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box,	unle	heck ss pe	ition more rson lirecto	than coth the strike that the	an ee)	( <b>D</b> ) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)	SEAN GALAWAY	40									
	EXECUTIVE DIR.	0	X		Χ				120,000.	0.	0.
(2)	TYLER LAFFERTY	1									
(2)	DIRECTOR	0	Х						0.	0.	0.
(3)	DOREEN WHITE DIRECTOR	1	Х						0.	0.	0.
(4)	ROBERTA ROMANO ISAACS	1	21						0.	0.	0.
_ \_'/_	DIRECTOR	0	Х						0.	0.	0.
(5)	KIMBERLY WESTERFIELD	1							<u> </u>	•••	<u> </u>
	DIRECTOR	0	Х						0.	0.	0.
(6)	BLAIN TEKETEL	1									
	DIRECTOR	0	Χ						0.	0.	0.
(7)	DAVID OYITE	11									
	DIRECTOR	0	Χ						0.	0.	0.
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											

	990 (2023) CAPABLE VII   Section A. Officers, Directors, Tr	ustaas	V av v	E <sub>10</sub>	· nla				l Liabest Com	20-8086	
Par	Section A. Officers, Directors, 11	ustees,	ney		•	bye C)	es, a	anc	i nignest com	pensaleu Ei	inployees (continuea)
	<b>(A)</b> Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Posi neck r	tion nore son is recto	than or both r/truste Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation fro related organizatio (W-2/1099- MISC/1099-NEC)	compensation from
(15)		<b> </b>					Santa				
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
	Subtotal							٠	120,000.		0. 0.
	Total from continuation sheets to Part VII, Secti Total (add lines 1b and 1c)							٠.	120,000.		0. 0. 0. 0.
2	Total number of individuals (including but not limited from the organization										
	Did the organization list any <b>former</b> officer, direction line 1a? <i>If "Yes,"complete Schedule J for suc</i>	ch individu	ıal		• • • •						Yes No
	For any individual listed on line 1a, is the sum on the organization and related organizations great such individual	er than \$1	50,00	00?	If "\	∕es,	" con	nple	ete Schedule J for		4 X
	Did any person listed on line 1a receive or accru for services rendered to the organization? If "Ye	ue comper es," comple	satio	n fr che	om a dule	any <i>J fo</i>	unrel or suc	late ch p	d organization or person	individual	5 X
1	ion B. Independent Contractors  Complete this table for your five highest comper compensation from the organization. Report comper	nsated indensation for	epen the c	dent alen	cor	ntrac year	tors endir	tha	t received more the	nan \$100,000 o	f year.
	( <b>A</b> ) Name and business add					•		J	(B) Description o		(C) Compensation

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

#### Form 990 (2023) CAPABLE 20-8086140 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue ts, Grants, Amounts 1a Federated campaigns . . . . . . . . **b** Membership dues..... 1b c Fundraising events..... 1с Gifts, d Related organizations..... 1d e Government grants (contributions) . . . . 1e Contributions, and Other Sin f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 1,167,260. Noncash contributions included in lines 1a-1f. . . . . . . . . . . . h Total. Add lines 1a-1f . . . . 1,167,260 **Business Code** Program Service Revenue 2a h All other program service revenue. . . g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and other similar amounts)..... Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents . . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c **d** Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). . . . . . 7с d Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . . . . . 8a 8b **b** Less: direct expenses..... 9a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. . . . . . . . . . 0a 10b **b** Less: cost of goods sold. . . . c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue

,167,260

0

0

All other revenue... Total. Add lines 11a-11d.

12

Total revenue. See instructions.....

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundráising general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 828,841 828,841 Compensation of current officers, directors, trustees, and key employees ..... 30,000 120,000 60,000 30,000. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)....... 0 0 0 0. 7,500 3,750 1,875 1,875. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 12,625 6,313 3,156 3,156. 10 11,056 5,528 2,764. 2,764 Fees for services (nonemployees): c Accounting..... **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column 41,100 45,603. 4,503 (A), amount, list line 11g expenses on Schedule 0.) . . . . 12 Advertising and promotion..... 12,000. 12,000 2,071. 2,071 13 Information technology..... 25,321. 14 21,292 985 3,044. 15 Royalties..... 17 5,081 4,218 863. Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 21 Payments to affiliates..... Depreciation, depletion, and amortization.... 23 1,548 1,548 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).... STAFF CARE 4,008 4,008 b BANK\_FEES 2,560 2,560 557 1,557 PROGRAM COMMUNICATION 815 815 TAXES AND LICENSES 848 288 4 556 e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 976,895 50,281 1,081,434. 54,258 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here SOP 98-2 (ASC 958-720).....

# Form 990 (2023) CAPABLE Part X Balance Sheet

		Check if Schedule O contains a response or note to	o any line in this Part X	<u></u>	<u></u>	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing		505,277.	1	598,308.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	35,000.	4		
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner officer, director, I contributor, or 35%			
	_		la de la companya de		5	
ets	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments — publicly traded securities			11	20,007.
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11.		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)	540,277.	16	618,315.
	17	Accounts payable and accrued expenses	2,713.	17	2,134.	
	18	Grants payable	L	•	18	•
	19	Deferred revenue	<u> </u>		19	
	20	Tax-exempt bond liabilities	<u> </u>		20	
ies	21	Escrow or custodial account liability. Complete Part	L		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	ficer, director, trustee, utor, or 35% rsons		22	
⊐	23	Secured mortgages and notes payable to unrelated the	<u></u>		23	
	24	Unsecured notes and loans payable to unrelated third	·		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	'	11,434.	25	4,225.
	26	Total liabilities. Add lines 17 through 25		14,147.	26	6,359.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e X	·		·
aŭ	27			526,130.	27	611,956.
Bal	28	Net assets with donor restrictions		320,130.	28	011, 550.
ק		Organizations that do not follow FASB ASC 958, che				
Net Assets or Fund Balance		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds	L		29	
ž,	30	Paid-in or capital surplus, or land, building, or equipn			30	
ASS	31	Retained earnings, endowment, accumulated income	<u> </u>		31	
et	32	Total net assets or fund balances		526,130.	32	611,956.
	33	Total liabilities and net assets/fund balances		540,277.	33	618,315.
BA	Α		TEEA0111L 08/23/23			Form <b>990</b> (2023)

Form 990 (2023) CAPABLE

Par	t 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	1,1	67,2	260.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,0	81,4	134.			
3	Revenue less expenses. Subtract line 2 from line 1	3			326.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			L30.			
5	5 Net unrealized gains (losses) on investments							
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,			11,9				
column (B)) 10								
Par	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
	<u>_</u>			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis	ed on a						
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both.	ate						
	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?	, 	2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?				Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
ВАА				990	(2023)			

#### **SCHEDULE A** (Form 990)

Name of the organization

### **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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CAP							20-808614			
Par		Reason for Public Cha						ctions.		
The o	rga	nization is not a private found	`			-	•			
1		A church, convention of church				b)(1)(A)(	i).			
2		A school described in section		•						
3		A hospital or a cooperative h					• • •			
4		A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in <b>sec</b>	tion 170(b)(1)(A)(iii). E	Enter the hospital's		
		name, city, and state:								
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	or oper	ated by	a governmental unit d	escribed in		
6 7		A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	<b>70(b)(</b> 1)	(A)(v).			
,		An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	t or from the general pu	ublic described		
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	1.)					
9		An agricultural research organi or university or a non-land-grauuniversity:	nt college of agriculture		the nan					
10	X									
11		An organization organized ar								
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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а		Type I. A supporting organization organization (s) the power to re complete Part IV, Sections A	on operated, supervise gularly appoint or elect	d. or controlled by its sur	ported o	rganizat	ion(s), typically by givin	a the supported		
b		Type II. A supporting organize management of the supporting must complete Part IV, Section 11.	zation supervised or o organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organiza	having control or tion(s). <b>You</b>		
С	L	Type III functionally integrated organization(s) (see instruction)	. A supporting organizations). <b>You must com</b>	tion operated in connection plete Part IV, Sections	n with, ai <b>A, D, an</b>	nd functiond <b>E.</b>	onally integrated with, its	supported		
d		Type III non-functionally integrated. The constructions). You must com	organization generally	/ must satisfy a distribu	nnection tion req	with its s uiremen	supported organization(s t and an attentiveness	s) that is not s requirement (see		
е		Check this box if the organiz integrated, or Type III non-fu				that it is	a Type I, Type II, Typ	oe III functionally		
f		nter the number of supported	•							
g		ovide the following informatio		d organization(s).				+		
	( <b>i)</b> Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Page 2

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		·	·			
Cale	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						_
12	Gross receipts from related activ	rities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organizati stop here	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support F	ercentage				
	Public support percentage for 20	•	• • •		•		%
15	Public support percentage from 2	2022 Schedule A,	Part II, line 14.			15	%
16a	<b>33-1/3% support test—2023.</b> If the and <b>stop here.</b> The organization	he organization d qualifies as a pu	id not check the l blicly supported o	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box
b	<b>33-1/3% support test—2022.</b> If th and <b>stop here.</b> The organization	e organization di qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	ind-circumstance:	s test, check this	box and stop here	e. Explain in Part \	√I how
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a	ind-circumstance:	s test, check this	box and stop here	e. Explain in Part \	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions

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.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	595,980.	974 635	1 134 572	1,071,778.	1 167 260	4,844,225.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	393,900.	0/4,033.	1,134,372.	1,0/1,7/6.	1,107,200.	4,044,223.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	595,980.	874,635.	1,134,572.	1,071,778.	1,167,260.	4,844,225.
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)						4,844,225.
	tion B. Total Support	4		1	1 4 5		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
	Amounts from line 6	595,980.	874,635.	1,134,572.	1,071,778.	1,167,260.	4,844,225.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
-	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI		34,800.	27,229.			62,029.
13	<b>Total support.</b> (Add lines 9,	505 000	000 425	1 161 001	1 071 770	1 167 060	4 006 054
14	First 5 years. If the Form 990 is torganization, check this box and		n's first, second,	third, fourth, or f	1,071,778. ifth tax year as a	section 501(c)(3)	4,906,254.
Sec	tion C. Computation of Pul						
	Public support percentage for 20			ine 13 column (f)	)	15	98.74 %
	Public support percentage from 2		•		•		98.74 %
	tion D. Computation of Inv						30.30 0
	•				ump (f))	17	0.00 %
17	Investment income percentage for	•	• •	-	***		0.00 %
	Investment income percentage fr <b>33-1/3% support tests—2023.</b> If t is not more than 33-1/3%, check	he organization di	d not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, an	0.00 % d line 17
b	<b>33-1/3% support tests—2022.</b> If t line 18 is not more than 33-1/3%	he organization di	d not check a bo	x on line 14 or lin	ne 19a, and line 1	5 is more than 33	-1/3%, and
20	Private foundation. If the organiz		-				

### 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.)

Page 4

#### **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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<b>5</b> c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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 <b>Part VI.</b>	9a		
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? <i>If "Yes," provide detail in <b>Part VI.</b></i>	9b		
С	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 <b>Part VI.</b>	9c		
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)? If "Yes," answer line 10b below.	10a		
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.)	1 <b>0</b> b		

Page 5

Pa	art IV   Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	<b>a</b> 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?	11a	-	
	<b>b</b> A family member of a person described on line 11a above?	11b		
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers	1		
	during the tax year.			
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the			
	supporting organization.	2		
Se	ction C. Type II Supporting Organizations			1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
organization's tax year	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			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3				
	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 <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	ารtrเ	ıctions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> 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>b</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		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	За		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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Pa	rt v   Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anızat	ions			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on No ns mus	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>See</b> through E.		
Sec	ction 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				
Sec	tion 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):					
	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
	d Total (add lines 1a, 1b, and 1c)	1d				
•	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				
Sec	tion 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally inte	egrated	Type III supporting or	ganization		

(see instructions).

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Schedule A (Form 990) 2023

Pai	Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sec	Section D — Distributions				
1	Amounts paid to supported organizations to accomplish exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required — provide details in <b>Part VI</b> )	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details				
	in Part VI). See instructions.	8			
9	Distributable amount for 2023 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **PART III, LINE 12 - OTHER INCOME**

NATURE AND SOURCE	2023	2022	2021	2020	2019
PPP GRANT TOTAL	\$ 0.	\$ 0.	\$ 27,229. \$ 27,229.	\$ 34,800. \$ 34,800.	\$ 0.

BAA TEEA0408L 08/14/23 Schedule A (Form 990) 2023

## SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

CAP	ABLE			20-8086140
Par		nor Advised Funds or Othe	er Similar Funds or A	
	Complete if the organization ar	nswered "Yes" on Form 990	), Part IV, line 6.	
		(a) Donor advised fun	ds <b>(b)</b> F	unds and other accounts
1	Total number at end of year	· ·	,,,	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor			
	are the organization's property, subject to the	•		
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing of the donor or donor advisor, or	that grant funds can be us for any other purpose cor	ed only nferring Yes No
Par	t II Conservation Easements			
	Complete if the organization ar	nswered "Yes" on Form 990	), Part IV, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all that	apply).	
	Preservation of land for public use (for examp	ole, recreation or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certi-	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contrib	ution in the form of a conser	vation easement on the
	last day of the tax year.			
_	Total number of concernation accommode		_	Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easel : Number of conservation easements on a certi			
			<del></del>	
C	Number of conservation easements included of a historic structure listed in the National Regis	on line 2c acquired after July 25, i ster	2006, and not on <b>2d</b>	
3	Number of conservation easements modified, trar tax year			on during the
4	Number of states where property subject to co	onservation easement is located		
5	Does the organization have a written policy re and enforcement of the conservation easemer			
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations, ar	nd enforcing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and er	nforcing conservation easem	ents during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote	orts conservation easements in it to the organization's financial star	ts revenue and expense st tements that describes the	atement and balance sheet, and organization's accounting for
<b>D</b>	conservation easements.	llootions of A.4 Historical	Tuggeryes av Other C	Cimilar Accets
Par	Organizations Maintaining Col Complete if the organization ar	nswered "Yes" on Form 990	), Part IV, line 8.	Similar Assets
1a	If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education	, or research in furtheranc	I balance sheet works of art, e of public service, provide in
b	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items.	or public exhibition, education, or re	search in furtherance of pub	lic service, provide the
	(i) Revenue included on Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, I amounts required to be reported under FASB	nistorical treasures, or other similar ASC 958 relating to these items.	assets for financial gain, pro	vide the following
а	Revenue included on Form 990, Part VIII, line	1		\$
ь	Accets included in Form 900 Part Y			ė

Schedule D (Form 990) 2023 CAPABI				20-808	
Part III Organizations Mainta	ining Collect	ions of Art, His	torical Treasures,	or Other Similar As	ssets (continued)
<b>3</b> Using the organization's acquisition, a items (check all that apply).	accession, and oth	ner records, check a	ny of the following that m	ake significant use of its	collection
a Public exhibition		<b>d</b> Loan	or exchange program		
<b>b</b> Scholarly research		e Other			
c Preservation for future generat	ions				
4 Provide a description of the organizat Part XIII.	ion's collections a	and explain how they	further the organization!	s exempt purpose in	
5 During the year, did the organization to be sold to raise funds rather than	on solicit or rece n to be maintain	ive donations of ar ed as part of the o	t, historical treasures, c rganization's collection	or other similar assets	Yes No
Part IV Escrow and Custodia Complete if the organ Form 990, Part X, line	ization answe	<b>nts</b> ered "Yes" on F	orm 990, Part IV, I	ine 9, or reported a	in amount on
1a Is the organization an agent, trusted on Form 990, Part X?	e, custodian, or				Yes No
<b>b</b> If "Yes," explain the arrangement in F					
					Amount
c Beginning balance				1c	
<b>d</b> Additions during the year					
e Distributions during the year					
f Ending balance					
2a Did the organization include an am					Yes No
<b>b</b> If "Yes," explain the arrangement i	n Part XIII. Ched	k here if the expla	nation has been provide	ed in Part XIII	
Part V Endowment Funds					
Complete if the organ	ization answe	ered "Yes" on F	orm 990, Part IV, I	ine 10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	(a) Guirent year	(b) Filor year	(C) TWO years back	(u) Tillee years back	(e) Four years back
<b>b</b> Contributions					+
<b>b</b> Contributions					+
c Net investment earnings, gains, and losses					
d Grants or scholarships					+
e Other expenditures for facilities					+
and programs					
f Administrative expenses					
<b>q</b> End of year balance					
2 Provide the estimated percentage	of the current ye	ar end balance (lin	e 1g, column (a)) held	as:	
a Board designated or quasi-endown	-	%			
<b>b</b> Permanent endowment	%				
c Term endowment	%				
The percentages on lines 2a, 2b, and	2c should equal	100%.			
•	·				
<b>3a</b> Are there endowment funds not in the organization by:	possession of th	e organization that a	are held and administered	I for the	Yes No
(i) Unrelated organizations?					. 3a(i)
(ii) Related organizations?					
<b>b</b> If "Yes" on line 3a(ii), are the relation					_ ` ' '
4 Describe in Part XIII the intended u	-	·			. 55
Part VI Land, Buildings, and		nzation 5 chaowing	THE TUTIOS.		
		on Form 000 Port	IV line 11e Coe Form 0	00 Dort V line 10	
Complete if the organization				90, Part X, line 10.	
Description of property		ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land					
<b>b</b> Buildings					
c Leasehold improvements					
<b>d</b> Equipment					
<b>e</b> Other					
Total. Add lines 1a through 1e. (Column	(d) must equal l	orm 990, Part X. I	ine 10c, column (B))		0 .

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Part VII	Investments — Other Securities  Complete if the organization answered "Yes" o	n Form 990 Part IV line	N/A a 11h See Form 990 Part V line 12	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	I derivatives	(2) 20011 141140	(c) motion of variation, cost of one	or your market value
` '	neld equity interests			
(3) Other				
_				
(A) (B) (C) (D) (E)				
(C)				
(D)				
(F)				
(F) (G)				
(H)				
(l)				
_`	n (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII			NI / N	
Part VIII	Investments — Program Related Complete if the organization answered "Yes" o	n Form 990 Part IV line	e 11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)	•	, , ,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets	N/A	1	
1 411 7 1	Complete if the organization answered "Yes" o			
	<b>(a)</b> De	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, line 15,	column (B))		
Part X	Other Liabilities	(=)//		
Turch	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25.
1.		ription of liability		(b) Book value
(1) Federa	al income taxes			
	OLL LIABILITIES			4,224.
(3) ROUN	DING			1.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	(h)	l (D))		4 005
	mn (b) must equal Form 990, Part X, line 25, o			4,225.
-	uncertain tax positions. In Part XIII, provide the text of the f oder FASB ASC 740. Check here if the text of the footnote ha	-	manciai statements that reports the organization's	s mapping for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Re	•					
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1 Total revenue, gains, and other support per audited financial statements						
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
a Net unrealized gains (losses) on investments						
b Donated services and use of facilities						
c Recoveries of prior year grants						
d Other (Describe in Part XIII.)						
e Add lines 2a through 2d.	2e					
3 Subtract line 2e from line 1						
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
a Investment expenses not included on Form 990, Part VIII, line 7b 4a						
b Other (Describe in Part XIII.) 4b						
c Add lines 4a and 4b	4c					
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).						
Part XII Reconciliation of Expenses per Audited Financial Statements With E						
Part XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, lin						
	e 12a.					
Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.					
Complete if the organization answered "Yes" on Form 990, Part IV, lin  1 Total expenses and losses per audited financial statements	e 12a.					
Complete if the organization answered "Yes" on Form 990, Part IV, lin  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	e 12a.					
Complete if the organization answered "Yes" on Form 990, Part IV, lin  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  2a	e 12a.					
Complete if the organization answered "Yes" on Form 990, Part IV, lin  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  2a  2b	e 12a.					
Complete if the organization answered "Yes" on Form 990, Part IV, Iin  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of facilities.  3 Donated Services and Use of facilities.  4 Donated Services and Use of facilities.  4 Donated Services and Use of facilities.  5 Donated Services and Use of facilities.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Complete if the organization answered "Yes" on Form 990, Part IV, Iin  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)	1 1 2e 2e					
Complete if the organization answered "Yes" on Form 990, Part IV, Iin  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1 1 2e 2e					
Complete if the organization answered "Yes" on Form 990, Part IV, Iin  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4a	1 1 2e 2e					
Complete if the organization answered "Yes" on Form 990, Part IV, Iin  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4a  b Other (Describe in Part XIII.)	2e 3					
Complete if the organization answered "Yes" on Form 990, Part IV, Iin  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 Ab Other (Describe in Part XIII.)  c Add lines 4a and 4b	2e 3					
Complete if the organization answered "Yes" on Form 990, Part IV, Iin  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4a  b Other (Describe in Part XIII.)	2e 3					

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

BAA Schedule D (Form 990) 2023

#### **SCHEDULE F** (Form 990)

CAPABLE

#### Statement of Activities Outside the United States

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

OMB No. 1545-0047

Employer identification number

20-8086140

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Pa	rt I General Informat on Form 990, Par	<b>ion on Activiti</b> t IV, line 14b.	es Outside the	e United States. Complet	e if the organization	n answered "Yes"		
1	For grantmakers. Does the the grantees' eligibility for	e organization mai	ntain records to s stance, and the s	substantiate the amount of its election criteria used to award	grants and other assista the grants or assistance	nce, e? Yes No		
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.							
3	Activities per Region. (The	following Part I, I	ine 3 table can be	e duplicated if additional space	e is needed.)			
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
3a	Subtotal							
b	Total from continuation sheets to Part I							
c	Totals (add lines 3a and 3b)	0	0			0.		

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				CAPABLE					
				UGANDA	828,841.	WIRE TRANS.			
					_		_		

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

BAA

Schedule F (Form 990) 2023

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

(a) Type of grant or assistance	(b) Region	<b>(c)</b> Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA	•			•		Schedule F	(Form 990) 2023

Part IV	Foreign Forms
Part IV	Foreian Forms

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

BAA TEEA3505L 11/01/23 Schedule F (Form 990) 2023

#### Part V Supplemental Information

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

BAA TEEA3504L 11/01/23 Schedule F (Form 990) 2023

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CAPABLE

Employer identification number 20-8086140

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

UGANDA: OUR GOAL IS TO SEE OUR CLIENTS TRANSITION TO COMMERCIAL FARMING, DIVERSIFY
THEIR INCOME, AND CONSISTENTLY LIVE ABOVE THE EXTREME POVERTY LINE. WE OPERATE A
TWO-YEAR PROGRAM THAT PROVIDES INTENSIVE TRAINING, ONE-ON-ONE BUSINESS MENTORSHIP,
INDIVIDUALIZED COUNSELING, LOW COST-FINANCING, AND MARKET LINKAGE. OUR TEAMS
(AGRONOMIST, BUSINESS MENTOR, AND COUNSELOR) PARTNER WITH GROUPS OF 30 HOUSEHOLDS AND
WORK ALONGSIDE THEM ONE DAY A WEEK FOR THE ENTIRE PROGRAM.

AT THE END OF 2023 OUR CLIENTS SAW THEIR INCOME REACH \$4.43 / HOUSEHOLD MEMBER / DAY (PURCHASING POWER PARITY). A 9.8X INCREASE FROM BASELINE THAT BROUGHT THEIR FAMILIES WELL ABOVE THE EXTREME POVERTY LINE. WE SPENT \$1.11M IN 2023, OUR CLIENTS EARNED OVER \$3.48 MILLION IN THE SAME PERIOD. OUR ROI FOR COHORT THREE WAS 326% - FOR EVERY \$1 WE SPENT, CLIENTS INCREASED INCOME BY \$4.26. THIS WILL OF COURSE ONLY COMPOUND AS CLIENTS REMAIN OUT OF POVERTY IN THE YEARS TO COME.

OUR POST-PROGRAM M&E HAS SHOWN THAT CLIENTS REMAIN OUT OF EXTREME POVERTY. GROUPS
TRANSITION INTO FARMING COOPERATIVES AND EXTEND MEMBERSHIP TO OTHERS IN THEIR
COMMUNITIES. NEW COOPERATIVE MEMBERS ARE EARNING ABOVE THE EXTREME POVERTY LINE AND
8X MORE THAN THEIR PEERS WITHOUT RECEIVING ANY DIRECT SERVICES FROM US. THIS
CATALYTIC IMPACT HAS HELPED US REACH OVER 25,000 INDIVIDUALS SINCE 2018. WE'LL ADD AN
ADDITIONAL 22,000 INDIVIDUALS IN 2024.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD OF DIRECTORS REVIEWS AND SIGNS THE CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

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

Name of the organization

CAPABLE

20-8086140

THE BOARD OF DIRECTORS REVIEWS THE 990 AT THE BOARD MEETING.

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

THE ORGANIZATION MADE ITS FINANCIAL INFORMATION AVAILABLE UPON REQUEST THROUGHOUT THE YEAR.

UGANDA: OUR GOAL IS TO SEE OUR CLIENTS TRANSITION TO COMMERCIAL FARMING, DIVERSIFY

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

YEARS. WE'LL ADD AN ADDITIONAL 21,600 INDIVIDUALS IN 2024.

THEIR INCOME, AND CONSISTENTLY LIVE ABOVE THE EXTREME POVERTY LINE. WE OPERATE A TWO-YEAR PROGRAM THAT PROVIDES INTENSIVE TRAINING, ONE-ON-ONE BUSINESS MENTORSHIP, INDIVIDUALIZED COUNSELING, LOW COST-FINANCING, AND MARKET LINKAGE. OUR TEAMS (AGRONOMIST, BUSINESS MENTOR, AND COUNSELOR) PARTNER WITH GROUPS OF 30 HOUSEHOLDS AND WORK ALONGSIDE THEM ONE DAY A WEEK FOR THE ENTIRE PROGRAM.

AT THE END OF 2022 OUR CLIENTS SAW THEIR INCOME REACH \$3.28 / HOUSEHOLD MEMBER / DAY (PURCHASING POWER PARITY). A 7.5X INCREASE FROM BASELINE THAT BROUGHT THEIR FAMILIES WELL ABOVE THE EXTREME POVERTY LINE. WE SPENT \$1.11M IN 2022, OUR CLIENTS EARNED OVER \$3.48 MILLION IN THE SAME PERIOD. A REAL TIME ROI OF 213%

OUR POST-PROGRAM M&E HAS SHOWN THAT CLIENTS REMAIN OUT OF EXTREME POVERTY. GROUPS TRANSITION INTO FARMING COOPERATIVES AND EXTEND MEMBERSHIP TO OTHERS IN THEIR COMMUNITIES. NEW COOPERATIVE MEMBERS ARE EARNING ABOVE THE EXTREME POVERTY LINE AND 8X MORE THAN THEIR PEERS WITHOUT RECEIVING ANY DIRECT SERVICES FROM US. THIS CATALYTIC IMPACT HAS HELPED US REACH OVER 18,000 INDIVIDUALS OVER THE LAST FIVE