

Fred Martinez LLC
4900 N 10th St Ste C4
McAllen, TX 78504

CAPABLE KIDS FOUNDATION INC
11223 E HACKBERRY AVE
MCALLEN, TX 78501

ENV 80324

	Acknowledgement and General Information for Entities That File Returns Electronically	2020
Name(s) as shown on return		Employer Identification Number

Entity address

11223 E Hackberry AveMcAllen, TX 78501**Thank you for participating in IRS e-file.****8868-01 Federal**1. 2020 income tax return for was filed electronically. Fred Martinez LLC

The electronic filing services were provided by .

Client

Copy

8868-01 05-17-2021

2. income tax return was accepted on using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. 7038142021137kci0z2y
The submission ID assigned to this return is .

PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

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

Department of the Treasury

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

Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

Capable Kids Foundation Inc

B

Check if applicable: Name of organization

C D Employer identification number

Address change Doing business as

47-4272322

Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number E

Initial return

Ave

11223 E Hackberry

Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Gross receipts

G

McAllen, TX 78501 226,456 Amended return \$

Application pending Name and address of principal officer:

Melanie Watson

F H(a) Yes No Is this a group return for subordinates?

2911 N 50th Ln McAllen TX 78501

H(b) Yes No Are all subordinates included?

I

Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions ckrgv.org

J Website: H(c)

Group exemption number

L Year of formation: 2015

TX K M Form of organization: Corporation Trust Association Other State of legal domicile:

Part I

dedicated to



1 Summary

Briefly describe the organization's mission or most significant activities: improving the quality

CKF is a non-profit organization

of life for children with disabilities and their families. We aim to engage the children in events/activities, increase topic knowledge on special needs, & advocate for improved

Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

Table with 4 rows: 4 Number of independent voting members of the governing body (Part VI, line 1); 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a); 6 Total number of volunteers (estimate if necessary); 7a Total unrelated business revenue from Part VIII, column (C), line 12; b Net unrelated business taxable income from Form 990-T, Part I, line 11

t c o

891011
12 Contributions and

Program service revenue (Part VIII, line 2g)

Investment income (Part VIII, column (A), lines 3, 4, and 7d)

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)

Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

lie n

13141516a_b

Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0

Benefits paid to or for members (Part IX, column (A), line 4) 3

Salaries, other compensation, employee benefits (Part IX, column (A), lines 10-11) 0

Professional fundraising fees (Part IX, column (A), line 11e) 0

Current Year

Part II

Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

C 20

Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

0
0
226,456
11,500
0
60,828
0
124,498
196,826
29,630
End of Year
191,104
600
190,504

Signature Block

226,456

0

MELANIE WATSON, PRESIDENT 07-12-2021 Sign

Signature of officer Date **Here**

MELANIE WATSON, PRESIDENT, President

Type or print name and title

**Paid
Preparer Use Only**

Print/Type preparer's name
Edgar Garcia

Firm's name **Fred Martinez LI** PTIN
Firm's address **4900 N 10th St** P02355027
McAllen

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. EEA **Yes No** Form 990 (2020) 956-451-0793

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contains a response or note to any line in this Part III

Part III

**Statement of Program Service
Accomplishments** Check if Schedule O

1 Briefly describe the organization's mission:

CKF is a non-profit organization dedicated to improving the quality of life for children with disabilities and their families. We aim to engage the children in events/activities, increase topic knowledge on special needs, & advocate for improved accomodations in the community.

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

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

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

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

4 Describe the 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.

42,269 3,025

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) Expenses related to other program services.

~~Client Copy~~

13,342

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Trick or Treat was a drive-thru fall festival to engage families in a safe, socially distanced event. Participants engaged in visual entertainment and

received goodie packages specifically targeted towards children with disabilities.

12,407 5,500

4c

(Code:) (Expenses \$ including grants of \$) (Revenue \$) Prom we had 120 teens and young adults with disabilities. The prom includes music, dancing, dinner, shoe shining, makeup/hair touch ups, a red-carpet walk, and a formal prom portrait. We invite about 150 volunteers to attend and pair up with each of our attendees to ensure they have a dance partner and friend throughout the night. The focus is on improving their self-esteem, social skills in an environment adapted to their needs.

4d

Other program services (Describe on Schedule O.)

3,155 2,779

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service 71,173
expenses

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Part IV

Checklist of Required Schedules

	Yes
1	X
2	
3	
4	
5	
6	
7	
8	
9	
10	

11 a	
11 b	
11 c	
11 d	
11 e	
11 f	
12 a	
12 b	
13	
14 a	
14 b	
15	
16	

17	
18	X
19	
20 a	

20 b	
21	X

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

2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?

X

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
 **X**

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part **X**
 II

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 **6** distribution or investment of amounts in such funds or accounts? If
 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

 **X**

"Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
 **X**

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
 **X**

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a

Client

Copy

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
..... **X**

10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
..... **X**

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
..... **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
..... **X**

c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
..... **X**

d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
..... **X**

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
..... **X**

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)? If "Yes," complete Schedule D, Part X **12a**
..... **X**

Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete
..... **X**

Schedule D, Parts XI and XII
.....

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 **X**

13
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a
Did the organization maintain an office, employees, or agents outside of the United States?

X

X

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 **X**

15
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV **X**

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 **X**

17
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions **X**

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

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

X

b

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

X

20 a
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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 **EEA**

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Part IV

b	
24 c	
24 d	
25 a	
25 b	
26	
27	

Checklist of Required Schedules (continued)

	Yes
22	
23	
24 a	
24	

28 a	
28 b	
28 c	
29	
30	
31	
32	
33	

34	
35 a	
35 b	
36	
37	
38	X

No

- 22** Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on
 **X**
 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
- 23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the
 organization's current and former officers, directors, trustees, key employees, and highest compensated
 employees? If "Yes," complete Schedule J **X**

- 24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than
 \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b
 through 24d and complete Schedule K. If "No," go to line 25a **X** Did the organization invest any proceeds of tax-exempt bonds beyond a
 temporary period exception?

- b**
- c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year
 to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds
 outstanding at any time during the year?

- d**
- 25a** **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit
 **X**
 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
- b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior
 year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?
 If "Yes," complete Schedule L, Part I . . **X**

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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%

.....

X

controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II

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

.....

X

persons? If "Yes," complete Schedule L, Part III

28

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b

X

.....
X

A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 29

X

.....
X

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

.....

X

conservation contributions? If "Yes," complete Schedule M

.....

X

31

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

..... X

33

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

.....

X

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

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

X

..... b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

.....

36

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

.....

X

related organization? If "Yes," complete Schedule R, Part V, line 2

37

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

.....

X

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.

Part V

IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Yes
1c	

No

Statements Regarding Other

1a 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

10

b
Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable

1b	0
-----------	---

c
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
EEA

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Part V

Statements Regarding Other IRS Filings and Tax Compliance

(continued)

			Yes
2a	<u>3</u>	2b	X
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.	.		
.			
.	3a	
.	.		
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.	.		
.			
.	3b	
.	.		
.			
.	4a	
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.	5a	
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.	5b	
.	.		
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.	5c	
.	.		
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.	6a	

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.	6b	
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.	7a	
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.	7b	
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.	7c	
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.	7d	
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.	7e	
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.	7f	
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.	7g	
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.	7h	
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.	8	
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.	9a	
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.	9b	
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10 a	12 a	
10 b	.		
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.			
11 a			
11 b			
.			
.			
12 b	13 a	
.	.		
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.			
13 b			
13 c			
.	14 a	
.	.		
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.	14 b	
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.	15	
.	.		
.			
.	16	
.	.		
.			

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
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?
b X

If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O

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)?

X

b If "Yes," enter the name of the foreign country
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b X X

Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

6a 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? X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

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7

Organizations that may receive deductible contributions under section 170(c).

a 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? X

b value of the goods or services provided?
If "Yes," did the organization notify the donor of the

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X

d the year
If "Yes," indicate the number of Forms 8282 filed during

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: X X

a Section 501(c)(12) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12

b Gross income from members or shareholders Gross receipts, included on Form 990, Part VIII, line 12,

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers. a plans in more than one state? Is the organization licensed to issue qualified health

Note: See the instructions for additional information the organization must report on Schedule O. b

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

c 14a indoor tanning services during the tax year? b X

Did the organization receive any payments for If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

X EEA If "Yes," see instructions and file Form 4720, Schedule N. X

16 Form 990 (2020) Is the organization an educational institution subject to the section 4968

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 in 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

	Yes
2	
3	
4	
5	
6	X

7a	
7b	
8a	X
8b	X
9	

No

.....

9

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.

1b	9
----	---

b Enter the number of voting members included in line 1a, above, who are independent
.....

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
..... **X**

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?
..... **X**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **X**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **X**

6 Did the organization have members or stockholders?

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?
..... **X**

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b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at

the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

X

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes
10 a	
10 b	
11 a	X
12 a	X
12 b	X
12 c	X

No

13	
14	X
15 a	
15 b	
16 a	
16 b	

10a Did the organization have local chapters, branches, or affiliates? .. X

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **11a**

Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b**

Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **c**

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

14

Did the organization have a written document retention and destruction policy?

13 Did the organization have a written whistleblower policy?

X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official X
b Other officers or key employees of the organization X

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

							(D) Reportable compensation from the organization (W-2/1099-MISC)
			X				0
r			X				0
			X				0
			X				0
			X				0
			X				0
			X				0
			X				0
			X				0

Name and title Estimated amount of other

(A) (F)
compensation
from the
organization and
related organizations

Annette Franz
(1)

Vice President 0

(2) Pecina
Marissa

Board Member 0



(3) Fierro
Andres
Del

Board Member 0

(4) Pulido
Laurie

Board Member 0

(5) Rosales
Lisa

Board Member 0

(6) Cadena
Leroy

Treasurer 0

(7) Watson
Melanie

President 0

(8) Casas
Arian

Board Member 0

(9) Gonzalez
Clarissa_L
Secretary 0 (10)

(11)

(12)

(13)

(14)

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EEA

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Part

(15)

(16)

(17)

(18)

(19)

(20)

(21)

(22)

(23)

(24)

(25)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(B) Average hours per week (list any hours for related organizations below dotted line)	(do r one is bc dire)

r			
.....
.

.....	.
.	.
	.

(A) (F)

Name and title Estimated amount of other compensation from the organization and related organizations

.....



Section B. Independent Contractors

1b Subtotal

1c Total from continuation sheets to Part VII, Section A

1d Total (add lines 1b and 1c)

0

2

No
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of

0

reportable compensation from the organization

	Yes
3	
4	

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.
.
.
.

6
a
6
b
6
c
.
7
a

7
b
7
c
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.	.

(D)
Revenue excluded from tax under sections
512-514

.
.
.
.
.
.

Members ng events
hip dues
Fundraisi .

b c

(contributions)f
All other
contributions,
gifts, grants,and
similar amounts
not included
aboveg
Noncash
contributions
included in

d
Related
organizations
e
Government
grants

lines

1a-1f

h

Total.

Add lines

1a-1f

2a

b
c
d

e 2a-2f
 f Investment income
 g (including dividends,
 3 interest, and
 All other program
 service revenue

Total. Add lines

other similar amounts)

4 Income from investment of tax-exempt bond proceeds

5 Royalties 6a Less:
 Gross rental
 rents expenses

c or (loss)
 d Gross amount
 7a b from
 sales of assets
 other than
 Rental income inventory
 or (loss) Net Less: cost or
 rental income other basis
 and sales . . .
 expenses

(loss) or (loss)
 c d
 Gain or Net gain

8a
 Gross income
 from



fundraising events (not
 including \$
 of contributions
 reported on
 line 1c). See
 Part IV, line 18

b Less: direct
 expenses
 c events Gross income
 9a from gaming
 Net income or (loss) activities, See Part IV,
 from fundraising line 19

b gaming
 . activities Gros
 Less: direct s sales of
 expenses inventory,
 c less
 10a
 Net income
 or (loss) from

returns and
 allowances b
 Less: cost of goods sold

--	--

(D)
Fundraising expenses

1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 **2** organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16
 . . .

individuals. See Part IV, line 22

Benefits paid to or for members **4**

3 Grants and other assistance to foreign

5 Compensation of current officers, directors, trustees, and key employees

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)

7 Other salaries and wages

8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)

Other employee benefits **9**

10 Payroll taxes

11 (nonemployees):

Fees for services

a Management **b** Legal

c Accounting

d Lobbying

e Professional fundraising services. See Part IV, line 17

f Investment management fees

g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)
 . . .

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12 Advertising and promotion Information technology

..... **13** Office expenses **14**

15 Royalties

.....

16 Occupancy

..... **17** Travel

..... public officials

18 Payments of travel or entertainment expenses for any federal, state, or local

19 Conferences, conventions, and meetings **22** Depreciation, depletion, and amortization

..... **21** Payments to affiliates

20 Interest

23 Insurance

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

Gifts & Promotion

a

Decor

b

Lights/Audio

c

Uniforms & Shirts d

e **Total functional expenses.** Add lines a combined educational campaign and fundraising solicitation. Check here if 0

25 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from

26 All other expenses

Form 990 (2020)
EEA

following SOP 98-2 (ASC 958-720)

Capable Kids Foundation Inc 47-4272322

Form 990 (2020) Page 11

to any line in this Part X

Part X

Balance Sheet

Check if Schedule O contains a response or note

--	--	--

1 Cash - non-interest-bearing .....	.	.	.

2 Savings and temporary cash investments . . . . .	.	.
3 Pledges and grants receivable, net . . . . .	.	.
4 Accounts receivable, net . . . . .	.	.
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of these persons	.	.
6 Loans and other receivables from other disqualified persons defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B)	.	.
7 Notes and loans receivable, net . . . . .	.	.
8 Inventories for sale or use . . . . .	.	.
9 Prepaid expenses and deferred charges . . . . .	.	.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	.
b Less: accumulated depreciation	10 b	.
11 Investments - publicly traded securities . . . . .	.	.
12 Investments - other securities. See Part IV, line 11 . . . . .	.	.
13 Investments - program-related. See Part IV, line 11 . . . . .	.	.
14 Intangible assets . . . . .	.	.
15 Other assets. See Part IV, line 11 . . . . .	.	.

16 Total assets. Add lines 1 through 15 (must equal line 33)
--	---	-------

ient CO 17

Accounts payable and accrued expenses	.....
Grants payable	.....
Deferred revenue	.....
Tax-exempt bond liabilities	.....
Escrow or custodial account liability. Complete Part IV of Schedule D	.....
Loans and other 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	.....
23 Secured mortgages and notes payable to unrelated third parties	.....
24 Unsecured notes and loans payable to unrelated third parties	.....
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part IV of Schedule D	.....
26 Total liabilities. Add lines 17 through 25	.....

cl Organizations that follow FASB ASC 958, here

and complete lines 27, 28, 32, and 33.

27 Net assets without donor restrictions	.....
28	.....

	Net assets with donor restrictions	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	
29	Capital stock or trust principal, or current funds	
30	Paid-in or capital surplus, or land, building, or equipment fund (B)	
		End of year
31	Retained earnings, endowment, accumulated income, or other	183,931
32	Total net assets or fund balances	
33	Total liabilities and net assets/fund balances	

7,173
191,104
600

600

(24,112)

214,616
190,504
191,104

to any line in this Part XI

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response or note

1 Total revenue (must equal Part VIII, column (A), line 12) 2

Total expenses (must equal Part IX, column (A), line 25)

.....
.....
.....

1
2
3
4

5
6
7
8

9
10

226,456 196,826

3 Revenue less expenses. Subtract line 2 from line 1 29,630
4

..... Net assets or fund balances at beginning of year
..... (must equal Part X, line 32, column (A))

147,039

5 Donated services and use of facilities

Net unrealized gains (losses) on investments

6

7 Investment expenses

9 Other changes in net assets or fund balances
(explain on Schedule O)

8 Prior period adjustments

0

13,835

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))

.....
.....

190,504

Part XII

	Ye s
2a	
2b	

2c	
3a	
3b	

1 **Financial Statements and Reporting**
Check if Schedule O contains a response or note
to any line in this Part XII

No

Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

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2a

Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

b

Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

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?

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 Single Audit Act and OMB Circular A-133? 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

b

If "Yes," did the organization undergo the required audit or

EEA Form 990 (2020)

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2020

SCHEDULE A Public Charity Status and Public Support (Form 990 or 990-EZ)

Complete if the organization is a section 501(c)(3) organization or a section

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

and the latest information.

Go to www.irs.gov/Form990 for instructions

Open to Public Inspection

Name of the organization Employer identification number Capable Kids Foundation Inc 47-4272322



Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 name, city, and state:
2 An organization operated for the benefit of a college or university
3 owned or operated by a governmental unit described in section
4 170(b)(1)(A)(iv). (Complete Part II.)
5 A federal, state, or local government or governmental unit described
6 in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its
8 support from a governmental unit or from the general public
9 described in section 170(b)(1)(A)(vi). (Complete Part II.)
10 A community trust described in section 170(b)(1)(A)(vi). (Complete
11 Part II.)
12 An agricultural research organization described in section

11 12

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 170(b)(1)(A)(ix) operated in conjunction with a land-grant college
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's

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or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)
		Yes	No	

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **a**

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b
Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c
Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E. d**

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e
Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

- (A)
- (B)
- (C)
- (D)
- (E)

Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 Schedule A (Form 990 or 990-EZ) 2020 or 990-EZ. EEA

Schedule A (Form 990 or 990-EZ) 2020

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Page 2

Capable Kids Foundation Inc

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.)

Section A. Public Support
Calendar year (or fiscal year beginning in)

(a) 2016	(b) 2017	(c) 2018

(f) Total

- 1** Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") **2** Tax revenues levied on 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 4
- 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)

Public support. Subtract line 5 from line 4

Section B. Total Support

Calendar year (or fiscal year beginning in)

(a) 2016	(b) 2017	(c) 2018

n		

--	-------	-------	-------

(f) Total

7 line 4 ..
Amounts from

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 Add lines 7 through 10
Total support.

12 Gross receipts from related activities, etc. (see instructions)

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage 14

14
15

Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) %

15 Public support percentage from 2019 Schedule A, Part II, line 14 % **16a**

33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2020

EEA

Part III

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

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

Section A. Public Support
 Calendar year (or fiscal year beginning in)

(a) 2016	(b) 2017	(c) 2018

(f) Total

Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise

2
 sold or services performed, or facilities
 furnished in any activity that is related to the
 tax-exempt purpose

553,720

organization's

3
 Gross receipts from activities that are not an .
 unrelated trade or business under section

513 4
 Tax revenues levied for the
 organization's benefit and either paid to
 or expended on its
 behalf

5
 The value of services or facilities
 furnished by a governmental unit to
 the

organization without charge **6**

Total. Add lines 1 through 5 553,720

7a Amounts included
 Amounts included on lines 2 and 3
 on lines 1, 2, and 3 received from other
 received from than disqualified
 disqualified persons . . .

b

 persons that exceed the greater of \$5,000
 or 1% of the amount on line 13 for the
 year

c
 Add lines 7a and 7b



8
Public support. (Subtract line 7c from
line 6.)

.....

.....

553,720

Section B. Total Support
Calendar year (or fiscal year beginning
in)

(a) 2016	(b) 2017	(c) 2018



	0	
		(f) Total

9 Amounts from line 6 553,720

10a securities loans, rents,
Gross income from royalties, and income
interest, dividends, from similar sources
payments received on . . .

b

Unrelated business taxable income (less



section 511 taxes) from businesses
acquired after June 30, 1975
.....
c included in line 10b,
whether or not the
business is regularly
carried on Other
Add lines 10a and income. Do not
10b include gain or loss
..... from the sale of
11 12 capital assets
(Explain in Part VI.)
.....
Net income from **13**
unrelated business **Total support.** (Add
activities not lines 9, 10c, 11,
and 12.)
.....

553,720

First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage 15

15
16

Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) % 100.00

16 Public support percentage from 2019 Schedule A, Part III, line 15 % 0.00

Section D. Computation of Investment Income Percentage 17

17
18

Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f)) % 0.00

18 Investment income percentage from **2019** Schedule A, Part III, line 17 % 0.00

19a **33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

EEA
Schedule A (Form 990 or 990-EZ) 2020
Capable Kids Foundation Inc

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Schedule A (Form 990 or 990-EZ) 2020

Page 4

Part IV

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

Supporting Organizations
Section A. All Supporting Organizations

	Yes
1	
2	
3a	
3b	
3c	
4a	

4b	
4c	
5a	
5b	
5c	
6	
7	
8	
9a	
9b	
9c	
10 a	
10 b	

No

- 1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

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- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720,

to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

47-4272322

Page 5

Schedule A (Form 990 or 990-EZ) 2020

Capable Kids Foundation Inc

Part IV

11 a	
11 b	
11 c	

Supporting Organizations (continued)

No

	Yes
--	-----

- 11 Has the organization accepted a gift or contribution from any of the following persons? **a**
- A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - A family member of a person described in line 11a above?
- b**
- A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide
- c**
- detail in **Part VI**.

Section B. Type I Supporting Organizations

	Yes
1	
2	

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 **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. **2**

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part**

VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

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supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

	Yes
1	

No

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

	Yes
1	
2	
3	

No

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? **2**
- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s). **3**
- By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**).

a

The organization satisfied the Activities Test. Complete **line 2** below.

- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.

- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

	Ye s
2a	
2b	
3a	
3b	

2 No Activities Test. Answer lines 2a and 2b below.

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

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

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

EEA

Part V

**Type III Non-Functionally Integrated
509(a)(3) Supporting Organizations**

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	4	8
	5	(A)
1	6	
2		
3	7	1 a

- 2 Acquisition indebtedness applicable to non-exempt-use assets
- 3 Subtract line 2 from line 1d.
- 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).
- 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6 Multiply line 5 by 0.035.
- 7 Recoveries of prior-year distributions
- 8 **Minimum Asset Amount** (add line 7 to line 6)

Current Year

Section C - Distributable Amount

- 1 Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 0.85 of line 1.
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3.
- 5 Income tax imposed in prior year
- 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).
- 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

EEA

Part V

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

Section D - Distributions Current Year

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

(iii)

		1
		2
		3
		4
Provide details in Part (I)		5

Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity

Administrative expenses paid to accomplish exempt purposes of supported organizations
Amounts paid to acquire exempt-use assets

Qualified set-aside amounts (prior IRS approval required) -

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.

Distributable amount for 2020 from Section C, line 6

Line 8 amount divided by line 9 amount

Section E - Distribution Allocations (see instructions)
Distributable Amount for 2020

1 Distributable amount for 2020 from Section C, line 6

2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.

3 Excess distributions carryover, if any, to 2020

a b c d e	<u>From</u>	<u>÷</u>
	<u>From 2018</u>	<u>.....</u>
	<u>2015 From</u>	<u>÷</u>
	<u>From 2019</u>	<u>.....</u>
	<u>2016</u>	<u>.....</u>
	<u>From</u>	<u>÷</u>
	<u>2017</u>	<u>.....</u>

f Total of lines 3a through 3e

g Applied to underdistributions of prior years



h Applied to 2020 distributable amount

i Carryover from 2015 not applied (see instructions)

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

4 Distributions for 2020 from Section D, line 7: \$

a Applied to underdistributions of prior years

b Applied to 2020 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.

5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions, 6

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.

7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.

8 Breakdown of line 7:

a	<u>Excess from 2016</u>	<u>Excess from</u>
b	<u>2017</u>	<u>2018</u>
c	<u>Excess from 2019</u>	<u>Excess</u>
d	<u>from 2020</u>	<u>from 2020</u>
e	<u>.....</u>	<u>.....</u>
	<u>.....</u>	

Part VI

EEA
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.)

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Schedule

(Form 990)

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. **2020**

Attach to Form 990. Open to Public

Department of the Treasury
Internal Revenue Service

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

Name of the organization Employer identification number Capable Kids Foundation Inc 47-4272322

Part I

or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

(a) Donor advised funds
(b) Funds and other accounts

Organizations Maintaining Donor Advised Funds or Other Similar Funds

1 Total number at end of year
.....
3 Aggregate value of grants from (during year)
.....

2 Aggregate value of contributions to (during year)
.....
4 Aggregate value at end of year
.....

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes No**

Part II

Conservation Easements.

End of the Tax Year Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of

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2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax

year. a

Total number of conservation easements

2a
2b

2c
2d

.....
.....

b Total acreage restricted by conservation easements historic structure included in (a)

c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

- (i) Revenue included on Form 990, Part VIII, line 1 \$
- (ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

- a Revenue included on Form 990, Part VIII, line 1 \$
- b Assets included in Form 990, Part X \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a d Public exhibition Loan or exchange programs b e Scholarly research Other

donations of art, historical treasures, or other similar

c 4

5 assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV

Yes No

Preservation for future generations

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

During the year, did the organization solicit or receive

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 4 rows labeled 1c, 1d, 1e, 1f

Amount

c Beginning balance

d Additions during the year e

f Distributions during the year Ending balance

.....



2a Yes No Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

(a) Current year	(b) Prior year	(c) Two

(e)
Four years back

1a
Beginning of year balance **b** Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs Administrative expenses

f

g
2
a
b
c

3a

No



Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
 Board designated or quasi-endowment %
 Permanent endowment %
 Term endowment %
 The percentages on lines 2a, 2b, and 2c should equal 100%.
 Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

3a (i)	
3a (ii)	
3b	

	Yes
--	-----

End of year balance (i) (ii)
 Unrelated organizations Related organizations

b
 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **4**
 Describe in Part XIII the intended uses of the organization's endowment funds.

(a) Cost or other basis (investment)	(b) Cost or other basis (other)

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Book value (d)

1a Buildings
 Land
 b
 c
 Leasehold improvements
 d
 Equipment
 e
 Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) EEA

Part VII

Investments - Other Securities.

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

(b) Book value

(a) (c)
 Description of security or category Method of valuation: (including name of security) Cost or end-of-year market value

(1) (2) (3)
 Financial derivatives Closely-held equity

interests Other

.....
990, Part X, col. (B) line 12.

- (A)
- (B)
- (C)
- (D)
- (E)
- (F)
- (G)
- (H)

Total. (Column (b) must equal Form)

Part VIII

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

Investments - Program Related.

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

(b) Book value
0

(a) (c)



Description of investment Method of valuation:

Cost or end-of-year market value

Client

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX

Other Assets.

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

Description Book value

Prepaid Retention Credit 7,173

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 7,173

Part X

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability

(1) Federal income taxes

- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. EEA
 Check here if the text of the footnote has been provided in Part XIII. Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

47-4272322

Page 4

Capable Kids Foundation Inc

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>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:</p>	<table border="1" style="border-collapse: collapse;"> <tr><td style="text-align: center;">2e</td></tr> <tr><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">4c</td></tr> </table>	2e	3	4c	<table border="1" style="border-collapse: collapse;"> <tr><td style="text-align: center;">5</td></tr> </table>	5	
2e							
3							
4c							
5							
<table border="1" style="border-collapse: collapse;"> <tr><td style="text-align: center;">1</td></tr> </table>	1						
1							

a 2a Net unrealized gains (losses) on investments

<p>b Donated services and use of facilities</p>		<table border="1" style="border-collapse: collapse;"> <tr><td style="text-align: center;">2c</td></tr> <tr><td style="text-align: center;">2d</td></tr> </table>	2c	2d	
2c					
2d					
<table border="1" style="border-collapse: collapse;"> <tr><td style="text-align: center;">2b</td></tr> </table>	2b				
2b					

<p>c Recoveries of prior year grants d Other (Describe in Part XIII.)</p>		<p>3 Subtract line 2e from line 1</p>	
<p>e Add lines 2a through 2d</p>			

4
Amounts included on Form 990, Part VIII, line 12, but not on line 1:
.....

a 4a Investment expenses not included on Form 990, Part VIII, line 7b

<p>b Other (Describe in Part XIII.)</p>		<table border="1" style="border-collapse: collapse;"> <tr><td style="text-align: center;">4b</td></tr> </table>	4b	<p>5 Add lines 4a and 4b</p>
4b				

c
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 Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1
 Total expenses and losses per audited financial statements

 .
 [1]

2e
3
4c

5

2
 Amounts included on line 1 but not on Form 990, Part IX, line 25:

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a 2a Donated services and use of facilities

b Prior year adjustments	2b		2d	
.....	2c			

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 4a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.)	4b		5 Add lines 4a and 4b
--	-----------	--	---

c
Total expenses. Add lines **3** and **4c**. (This must equal Form 990, Part I, line 18.)

Part XIII

Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

EEA

(Form 990 or 990-EZ)

990-EZ, line 6a.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

Capable Kids Foundation Inc 47-4272322

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply. **a e**

- Mail solicitations Solicitation of non-government grants **b f**
- Internet and email solicitations Solicitation of government grants **c g**
- Phone solicitations Special fundraising events

d

2a


Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

In-person solicitations

b

If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)
	Yes	No		
				

			o	
		o		
	t			

	r			
e				
.....		

(vi) Amount paid to (i) Name and address of individual (or retained by) or entity (fundraiser) organization

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8



9

10

Total

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2020 EEA

2

Capable Kids Foundation Inc 47-4272322

Schedule G (Form 990 or 990-EZ) 2020 Page

Part II

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

	(a) Event #1 Annual Gala (event type)
1 Gross receipts	11,500
2 Less: Contributions	
3 Gross income (line 1 minus line 2)	11,500
4 Cash prizes	

5 Noncash prizes		
6 Rent/facility costs		
7 Food and beverages		
8 Entertainment		
9 Other direct expenses		

(d) Total events
(add col. (a) through col. (c))

15,250

15,250



Direct expense summary. Add lines 4 through 9
in column (d) **11**

Net income summary. Subtract line 10 from line
3, column (d)

.....

15,250

<p>Gross revenue 1</p>	<p>(a) Bingo</p>
----------------------------------	------------------

<p>2 Cash prizes</p>	
<p>3 Noncash prizes</p>	
<p>4 Rent/facility costs</p>	
<p>5 Other direct expenses</p>	

<p style="font-size: 48pt; font-weight: bold;">C</p> <p>6 Volunteer labor</p>	<p style="text-align: center;">Yes % No</p>	<p style="text-align: center;">Yes % No</p>	

ent
e

(d) Total gaming (add col. (a) through col. (c))

column (d)

8

.....

.....

7 Direct expense summary. Add lines 2 through 5 in column (d).
Net gaming income summary. Subtract line 7 from line 1, column (d)

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

a Yes No Is the organization licensed to conduct gaming activities in each of these states?

b If "No," explain:

10a Yes No Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

SCHEDULE I
Grants and Other Assistance to Organizations,
OMB No. 1545-0047
(Form 990)
Governments, and Individuals in the United States 2020

Department of the Treasury Internal Revenue Service Name of the organization
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.



Open to Public
Inspection

Employer identification number

Capable Kids Foundation Inc 47-4272322

Part I

General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

1 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(b) EIN	(c) IRC s ap	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Metho valuation (F FMV, appr other
81-4637011	C 501) (3)	11,500		
t				
n				
e				

(a) Name and address of organization (h) Purpose of grant or government or assistance **Big Heros, Inc**

(1)

814 Boca Chica Blvd Brownsville TX 78520 (2)

(3)



(4)

(5)

(6)

(7)

(8)

(9)

(10)

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3

Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. EEA
Schedule I (Form 990) (2020)

2

Capable Kids Foundation Inc 47-4272322

Schedule I (Form 990) (2020) Page

**Part
III**

1

2

3

4

5

6

7

**Part
IV**

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

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)

e			

(a) Type of grant or assistance (f) Description of noncash assistance

~~Client~~

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

01. Monitoring procedures (Part I, line 2)

The board of directors considers grant requests at the monthly board meeting.

Qualification criteria is if the grantee serves children with disabilities and will use the funds for activities aligning with Capable Kids Foundation mission statement.

Amount of grants is dependent on budget and fund availability.

EEA Schedule I (Form 990) (2020)

**Supplemental Information to Form 990 or
990-EZ SCHEDULE O (Form 990 or 990-EZ) Complete to**

OMB No. 1545-0047 **2020**

provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. **Open to Public**

Department of the Treasury Internal Revenue Service Name of the organization **information.**

Employer identification number

Attach to Form 990 or 990-EZ.

Inspection

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

Capable Kids Foundation Inc 47-4272322 01. Members or stockholder classes and rights

(Part VI, line 6)

There is a hierarchy in the Board of Directors for Capable Kids Foundation. All decisions are reviewed by the entire board to collectively make decisions to move forward.

02. Form 990 governing body review (Part VI, line 11)

Charitable Contribution 11500.00

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Entertainment Expense 500.00

Food and Beverage 2359.96

Permits 21.00

Sponsorship 796.00

Supplies 21,404.19

Tickets 2600.00

03. Conflict of interest policy compliance (Part VI, line 12c)

Any potential conflict of interest are discussed at every board meeting. If conflict is disclosed, board member then leaves the discussion while conflict of interest issue is discussed by the rest of the board. Members fill out a disclosure form each year.

04. Governing documents, etc, available to public (Part VI, line 19) Request will go to the Executive Director. Director will then pull the relevant document and send governing documents through mail or email, preference lays with requestor.

05. List of other fees for services expenses (Part IX, line 11g)

An electronic file is sent through email to each board member and approval is requested from each before filing.

990 or 990-EZ. EEA

For Paperwork Reduction Act Notice, see the Instructions for Form Schedule O (Form 990 or 990-EZ) (2020)

Schedule O (Form 990 or 990-EZ) (2020) Page **2**

Name of the organization

Employer identification number

Capable Kids Foundation Inc 47-4272322 Charitable Contribution 11500.00

Entertainment Expense 500.00

Food and Beverage 2359.96

Permits 21.00

Sponsorship 796.00

Supplies 21,404.19

Tickets 2600.00

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06. List of other expenses (Part IX, line 24e)

Memberships 564

Permits 480

Quickbooks Fee 64

Repairs 524

Resale 802

Small Tools 3235

Sponsorships 500

Taxes 24

Schedule O (Form 990 or 990-EZ) (2020)

EEA

8868 Application for Automatic Extension of Time To File an
Exempt Organization Return

Form

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest

information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization Capable Kids Foundat	Number, street, and room or suite no. If a P.O. box, see instructions. Hackberry Ave
--	--

City, town or post office, state, and ZIP code.

For a foreign address, see instructions.

McAllen TX 78501

Taxpayer identification number (TIN)




47-4272322

application is for (file a separate application for each return)

.....

0	1
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Enter the Return Code for the return that this

	Return Application Code Is For
	01 Form 990-T (corporation)
	02 Form 1041-A
	03 Form 4720 (other than individual)
	04 Form 5227
	05 Form 6069
	06 Form 8870

Application Return Is For Code Form 990 or Form 990-EZ 07 Form 990-BL 08 Form 4720 (individual) 09 Form 990-PF 10



Fred Martinez LLC, 4900 N 10th St Suite C4 McAllen TX 78504

The books are in the care of

place of business in the United States, check this box

956-451-0793 956-443-3534

Telephone No. FAX No. If the organization does not have an office or

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

11-15 21

1

I request an automatic 6-month extension of time until , 20 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:



20

calendar year 20 or

tax year beginning , 20 , and ending , 20 .

2

If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a

tentative tax, less any nonrefundable credits. See instructions.

3c

\$

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the

3a
3b

b

\$

Balance due. Subtract line 3b from line 3a. Include your payment

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter with this form, if required, by using EFTPS (Electronic Federal any refundable credits and estimated tax payments made. Include Tax Payment System). See instructions. any prior year overpayment allowed as a credit.

c

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2020)

EEA

Form **8879-EO**
IRS e-file Signature

Authorization for an Exempt Organization

OMB No. 1545-0047 **2020**

Department of the Treasury
Internal Revenue Service
Name of exempt organization or person subject to tax

For calendar year 2020, or fiscal year beginning , and ending

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Taxpayer identification number

Capable Kids Foundation Inc 47-4272322 Name and title of officer or person subject to tax

MELANIE WATSON, PRESIDENT, President

Part I

Type of Return and Return

Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

226,456 1a 1b

Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)

2a 2b Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)

3a 3b Form 1120-POL check here b Total tax (Form 1120-POL, line 22)

4a 4b Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)

5a 5b Form 8868 check here b Balance due (Form 8868, line 3c)

6a 6b Form 990-T check here b Total tax (Form 990-T, Part III, line 4)

-Client Copy

7a 7b Form 4720 check here b Total tax (Form 4720, Part III, line 1)

Part II

Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization), (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize to enter my PIN as my signature ^{ERO firm name} Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

40371

Signature of officer or person subject to tax Date

07-12-2021



Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. **Do not enter all zeros**

703814 31799

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date **ERO Must Retain This Form - See** 11-10-2021

Instructions

For Paperwork Reduction Act Notice, see instructions.

EEA

Do Not Submit This Form to the IRS Unless Requested To Do So

Form 8879-EO (2020)

Statement of Program Service Accomplishments 2020

PG01

Name(s) as shown on return Your Social Security Number Capable Kids Foundation Inc 47-4272322

Form 990-Part III(a)

Statement of Service Accomplishment ^{Statement #4}

Program Service Code

Program Service Expenses \$3155

Grants and allocations included in above expense \$0

Program Services Revenue \$2779

Explanation

Capable Kids Foundation Sports (CKFSports) provides the opportunity for individuals with disabilities ages 4-25 to participate in adapted recreational sports leagues throughout the year. Each league lasts for 4 weeks and averages 120-150 athletes, concluding with a medal ceremony for all athletes. Our cheerleading team performs across the valley at local athletic

and community events. We have over 40 active cheerleaders between both teams in the upper and

Client Copy

lower valley.

STM.LD

990 2020 Overflow Statement

Page 1

Name(s) as shown on return FEIN

Capable Kids Foundation Inc 47-4272322

Fundraising

Description

Amount

Direct Public

Support \$ 120,175

Other Types of

Income _____ 900 **Total: \$** _____ **121,075**

Revenue

Description

Amount

Direct Public

Support \$ 103,366

Other Types of

Income _____ 2,015

Client

Copy

Total: \$ _____ **105,381**

OVERFLOW.LD

Form
8879-EO
IRS e-file Signature

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

**Authorization
for an Exempt
Organization**

For calendar year 2020, or fiscal year
beginning , and ending

**Do not send to the IRS. Keep for your
records. Go to www.irs.gov/Form8879EO
for the latest information.**

OMB No. 1545-0047 **2020**

Taxpayer identification number

Capable Kids Foundation Inc 47-4272322 Name and title of officer or person subject to tax

MELANIE WATSON, PRESIDENT, President

Part I

**Type of Return and Return
Information (Whole Dollars Only)**

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226,456 1a 1b

Form 990 check here **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12)

2a 2b

Form 990-EZ check here **b Total revenue**, if any (Form 990-EZ, line 9)

3a 3b

Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22)

4a 4b

Form 990-PF check here **b Tax based on investment income** (Form 990-PF, Part VI, line 5)

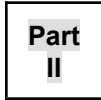
5a 5b

Form 8868 check here **b Balance due** (Form 8868, line 3c)

6a 6b

Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4)

7a 7b Form 4720 check here **b Total tax** (Form 4720, Part III, line 1)



**Declaration and Signature Authorization
of Officer or Person Subject to Tax**

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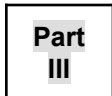


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Signature of officer or person subject to tax Date

07-12-2021



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EEA

Form **8879-EO** (2020)