

150 E. 4th Street Cincinnati, OH 45202 513.241.8313

2617 Legends Way Crestview Hills, KY 41017 859.344.6400

5750 Castle Creek Pkwy, Ste 245 Indianapolis, IN 46250 317.572.1130

Abilities First Foundation, Inc. 4710 Timber Trail Drive Middletown, OH 45044 Attention: Jan L. Sutcliffe-Brown

Dear Jan,

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

Ohio Electronic Filing

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

-DocuSigned by:

Paula L Hume

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2020

Pre	oare	d F	or:
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Abilities First Foundation, Inc. 4710 Timber Trail Drive Middletown, OH 45044

Prepared By:

Barnes, Dennig & Co., LTD 150 East Fourth Street Cincinnati, OH 45202

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

IRS e-file Signature Authorization OMB No. 1545-0047 EOR 8879-EO for an Exempt Organization For calendar year 2020, or fiscal year beginning , 2020, and ending ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number Abilities First Foundation, Inc. 31-0620685 Name and title of officer or person subject to tax Jan L. Sutcliffe-Brown Executive Director 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. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1 1,089,769. b Total revenue, if any (Form 990-EZ, line 9) ______ 2b Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) _______ **3b** _ Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 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 IAS (a) an acknowledgement of receipt or réason for rejection of the transmissión, (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 X | authorize Barnes, Dennig & Co., LTD to enter my PIN ERO firm name Enter five numbers, but 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 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 dகெட்டுவ்கு tate program, I will enter my PIN on the return's disclosure consent screen. 11/15/2021 Signature of officer or person subject to tax **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 31023764395 number (EFIN) followed by your five-digit self-selected PIN. 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 accore entire the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized

ERO Must Retain This Form - See Instructions

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

LHA For Paperwork Reduction Act Notice, see instructions.

-C10780361DA0493

IRS e-file Providers for Business Returns.

Form **8879-EO** (2020)

ERO's signature

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

ΑF	For the	e 2020 calendar year, or tax year beginning and	ending				
B	Check if applicabl	C Name of organization		D Employer identific	cation number		
	Addre	e Abilities First Foundation, Inc.					
	Name chang	Doing business as		31-06206	85		
	Initial return Final return	4710 Timber Trail Drive	Room/suite	E Telephone number 513-423-9496			
	termin ated	3 1	G Gross receipts \$	1,364,249.			
	Amen- return	Middletown, OH 45044		H(a) Is this a group re			
L	Applic tion pendi	F Name and address of principal officer. Oath in Succession	own	for subordinates	·····= =		
		same as c above		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (or 527	1	list. See instructions		
		te: ▶ abilitiesfirst.org organization: X Corporation Trust Association Other ▶	I Voor	H(c) Group exemptio	n number ► 1 State of legal domicile: OH		
	art I	Summary	L Year	or formation: 1930 N	A State of legal domicile; OH		
	1	Briefly describe the organization's mission or most significant activities: Abil:					
Governance		providing comprehensive services and qual	ity ca	re to each	child and		
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	10		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10		
es &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			52		
ξį	6	Total number of volunteers (estimate if necessary)			23		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.		
				Prior Year	Current Year		
ne	8	Contributions and grants (Part VIII, line 1h)		468,487.	147,860.		
Revenue	9	Program service revenue (Part VIII, line 2g)		2,423,465.	1,161,224. -251,344.		
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,571. 133,259.	32,029.		
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,037,782.	1,089,769.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,725,656.	1,369,369.		
ses	15	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	h	Total fundraising expenses (Part IX, column (A), line 25) 24,67		•	•		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		924,247.	506,144.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,649,903.	1,875,513.		
		Revenue less expenses. Subtract line 18 from line 12		-612,121.	-785,744.		
Or or	3		Be	ginning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)		2,204,397.	1,887,477.		
ASS	21	Total liabilities (Part X, line 26)		510,502.	938,668.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,693,895.	948,809.		
Pa	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
true	, correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.			
		Circulum of efficaci		Data			
Sig		Signature of officer		Date			
Her	е	Jan L Sutcliffe-Brown, Executive Direc Type or print name and title	tor				
			Ιr	Date Check	PTIN		
Paid		Print/Type preparer's name Preparer's signature Paula Hume		if L			
	parer	Firm's name Barnes, Dennig & Co., LTD		self-employ Firm's EIN ▶	31-1119890		
-	Only	Firm's address 150 East Fourth Street		FIIIII S EIN	<u> </u>		
036	Jilly	Cincinnati, OH 45202		Phone no (5	13)241-8313		
May	/ the II	RS discuss this return with the preparer shown above? See instructions		Li none no. (3	X Yes No		
ivia	, 11	to dicease and retain with the property shown above; occinistrationals			103 140		

	990 (2020) Abilities First Foundation, Inc. 31-0620685 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	Abilities First is committed to providing comprehensive services and
	quality care to each child and adult with special needs to put their
	abilities first.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ü	If "Yes," describe these changes on Schedule O.
_	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 520,003. including grants of \$) (Revenue \$ 318,113.)
	Therapy programs provide comprehensive outpatient physical occupational
	and speech therapy to children from birth to 22 years of age. Therapies
	are also encorporated into the Autism Learning Center which is an
	accredited educational program for pre-school through second grade.
4b	(Code:) (Expenses \$ 495,342. including grants of \$) (Revenue \$ 375,083.)
	Early Chidhood Learning Center is State Licensed and provides day care
	for typical and special needs children. They work closely with our
	Autism Learning Center.
	200 013
4c	(Code:) (Expenses \$ 389,813. including grants of \$) (Revenue \$ 468,028.)
	The Autism Learning Center is an accredited educational program for
	pre-school through second grade. They work with our Therapy and Day
	Care programs to give a complete service.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$
4e	Total program service expenses ▶ 1,405,158.
	Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_ -
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Δ.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Page 4

	· (continued)		V	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7.7
05	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		1
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
55	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С				
	(gambling) winnings to prize winners?	1c	X	
00000	1 12 23 20	Eorm	990	らしつし

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	52		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За		,			х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	- · · · · · · · · · · · · · · · · · · ·	4a		X
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ and \ and \ services \ and \ servi$	vices provided to th	ne payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				l
	to file Form 8282?		<u>7c</u>		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		ļ ,	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	· ·		N/	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		098-C? 7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		NT / 3		
			N/A 8		
9	Sponsoring organizations maintaining donor advised funds.		NT / 73		
а]	N/A 9a	+	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A 9b		
10	Section 501(c)(7) organizations. Enter:	ا ء٥۔ ا			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	ı ıa			
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?]	N/A 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
			Г	_m 990	(0000

Abilities First Foundation, Inc. Form 990 (2020)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **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. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 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? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request __ Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Jan L Sutcliffe-Brown - 513-423-9496 4710 Timber Trail Drive, Middletown, OH

Form 990 (2020) Abilities First Foundation, Inc.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization		orga	niza			nper	nsat	1		
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one) than (one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both a officer and a director/truste			s both	n an tee)	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direct				٥		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC)	(organization
	organizations	trust	nal tru		oyee	ed mo				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Jan L. Sutcliffe-Brown	line) 40.00	드	드	JO.	- Ā	물 등	9			
Executive Director	1000	1		х				84,053.	0.	6,045.
(2) Maryanne Ferrell	0.40							0 = 7 0 0 0 1		0,0101
Trustee		Х						0.	0.	0.
(3) Mike Scorti	0.40									
Trustee		Х						0.	0.	0.
(4) Jim Kleingers	0.40									
Trustee		Х						0.	0.	0.
(5) Stephanie Bisselberg	0.40	1								
Trustee		Х						0.	0.	0.
(6) Stu Locke	0.40]								
Trustee		Х						0.	0.	0.
(7) Mark Shanley	0.40	1								
Treasurer		Х		Х				0.	0.	0.
(8) Jennifer Asbrock	0.40	ļ		l						
Secretary		Х		Х				0.	0.	0.
(9) Charles W Anderson	0.40	٠,,		,,					,	0
Vice Chairman	0.40	Х	_	Х				0.	0.	0.
(10) Chuck Fortener Chairman	0.40	х		х				0.	0.	0.
(11) Tal Moon	0.40	^		^				0.	0.	0.
Trustee	0.40	Х						0.	0.	0.
1145000		25						•	•	•
		1								
		1								
		1								
		<u> </u>								
		1								

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 71,427. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 76,433. 1f g Noncash contributions included in lines 1a-1f 147,860. h Total. Add lines 1a-1f **Business Code** 2 a Client Services 623990 1,161,224. 1,161,224. Program Service f All other program service revenue 1,161,224, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 16,005 16,005. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis 267,349 Other Revenue and sales expenses 7с -267,349 c Gain or (loss) -267,349. -267,349. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 36,884. 7,131. **b** Less: direct expenses 29,753 29,753. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a Miscellaneous 900099 2,276 2,276. b d All other revenue 2,276 e Total. Add lines 11a-11d 1,089,769. -219,315. 1,161,224, Total revenue. See instructions 12 Form **990** (2020)

	on 501(c)(3) and 501(c)(4) organizations must compl		er organizations must com	nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	90,098.	69,957.	18,737.	1,404.
6	Compensation not included above to disqualified	-			-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,073,040.	875,493.	183,968.	13,579.
8	Pension plan accruals and contributions (include	, ,	,	,	•
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	119,838.	27,315.	85,769.	6.754.
10	Payroll taxes	86,393.	70,224.	15,008.	6,754. 1,161.
11	Fees for services (nonemployees):	,	,	==,,,,,,,	_,
	Management				
	Legal	96.	33.	63.	
	Accounting	16,000.		16,000.	
	Lobbying	20,000		20,0001	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	18,281.		18,281.	
12	Advertising and promotion	1,895.	1,895.	10,2011	
13	Office expenses	22,456.	7,760.	14,436.	260.
14	Information technology	22,1301	7,7700	11,1301	2000
15	Royalties				
16		159,705.	154,914.	4,791.	
	Occupancy	21.	21.	4,751.	
17 18	Payments of travel or entertainment expenses	220	221		
10	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	848.	484.	364.	
19 20	·	20,925.	291.	20,634.	
21	Payments to affiliates	20,525	2710	20,004	
22	Depreciation, depletion, and amortization	98,442.	88,598.	9,844.	
23	. Г	JU, 444 •	00,000	J, UII•	
23 24	Other expenses. Itemize expenses not covered				
4	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) Yrogram Related	76,021.	76,021.		
a b	Purchased Services	67,290.	15,618.	51,672.	
D	Communications	10,081.	9,693.	388.	
d	Equipment Rental	4,185.	4,185.	300•	
	All other expenses	9,898.	2,656.	5,729.	1,513.
	Total functional expenses. Add lines 1 through 24e	1,875,513.	1,405,158.	445,684.	24,671.
<u>25</u>	Joint costs. Complete this line only if the organization	±,0,0,0±0•	I, 200, 100 •	44J,004•	44,011•
26	, , , , ,				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	. \square				
	Check here if following SOP 98-2 (ASC 958-720)				5 QQQ (0000)

Form 990 (2020)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 299,613. 204,480. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 82,813. 71,427. 3 3 Pledges and grants receivable, net 62,341. 130,108. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 8,836. 747. Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 3,503,706. basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 2,638,899. 1,186,346. 864,807. 10c 615,908. 564,448. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 2,204,397. 1,887,477. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 510,502. 938,668. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 510,502. 938,668. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here

X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,231,629. 27 516,374. 27 Net assets without donor restrictions Net assets with donor restrictions 462,266. 432,435. 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 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,693,895. 948,809. Total net assets or fund balances 32 32 1,887,477. 2,204,397. 33 33 Total liabilities and net assets/fund balances

	1990 (2020) Abilities First Foundation, Inc.	31-06	20685	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,089		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,875		
3	Revenue less expenses. Subtract line 2 from line 1	3	-785		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,693		
5	Net unrealized gains (losses) on investments	5	40	6,6	<u>58.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	948	3,8	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
			0.5		

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Abilities First Foundation Employer identification number 31_0620685

_				L FOUIIGACIOII				1-0020005				
Pa	rt I	Reason for Public C	Charity Status.	All organizations must o	omplete th	nis part.) S	ee instructions.					
he	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)						
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in secti	on 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	一	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:		,				,				
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit describe					
3	ш	section 170(b)(1)(A)(iv). (C		lege of difficulty owner	or operat	ca by a go	verninental unit describe	5 u III				
_						70/L\/4\/A\	(. A					
6	H	A federal, state, or local gov	-				•	1.0 1 9 1				
7	Ш	An organization that normal	-	ntial part of its support fi	om a gove	ernmentai	unit or from the general p	oublic described in				
		section 170(b)(1)(A)(vi). (Co	•									
8	\square	A community trust describe			-							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-g	rant college of agrice	ulture (see instructions).	Enter the	name, city	, and state of the college	or				
		university:										
10	X	An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from				
		activities related to its exem	pt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment				
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ıfter June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	•	•	•			purposes of one or				
		more publicly supported org	•	•	-		· · · · · · · · · · · · · · · · · · ·					
		lines 12a through 12d that of										
а		Type I. A supporting orga	• • • • • • • • • • • • • • • • • • • •				, ,	aivina				
u		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_						
		• • • •			majority C	i tile direc	tors or trustees or the st	ipporting				
L		organization. You must c			ion with its		d arganization(s) by bay	vin a				
D		Type II. A supporting orga	· ·					-				
		control or management of			ame perso	ns that co	ntrol or manage the supp	оотеа				
		organization(s). You mus										
С		Type III functionally inte					• •	ed with,				
		its supported organization										
d		Type III non-functionally										
		that is not functionally into		• ,	•		•	/eness				
	_	requirement (see instruction	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.						
f	Ente	r the number of supported o	rganizations									
g		ide the following information			I (iii) la tha assa							
	(i	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				

Schedule A (Form 990 or 990-EZ) 2020 Abilities First Foundation, Inc. 31-0620685 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,			,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Public						
	Public support percentage for 2020 (li					14	<u>%</u>
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o						
_	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts				· ·	VI how the organiz	ation
	meets the facts-and-circumstances tes	ū	•				
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th				-		. —
	organization meets the facts-and-circu						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		nd see instructions edule A (Form 990	
					Sche	ecicle a reorm 990	OL 990-E/1707()

Schedule A (Form 990 or 990-EZ) 2020 Abilities First Foundation, Inc.

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

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

Sec	ction A. Public Support	ciow, picase comp	icte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	,	,	,	,	,	,,
	include any "unusual grants.")	561,336.	440,078.	323,767.	468,487.	147,860.	1941528.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5147485.	4579428.	4763069.	2423465.	1161224.	18074671.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	5800001	504.050.6	5006026	2221252	120000	00016100
	Total. Add lines 1 through 5	5708821.	5019506.	5086836.	2891952.	1309084.	20016199.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						20016199.
	• • • • • • • • • • • • • • • • • • • •	(-) 0010	(1-) 0047	(-) 0010	(-1) 0040	(-) 0000	(0 T-+-1
	ndar year (or fiscal year beginning in)	(a) 2016 5708821.	(b) 2017 5019506.	(c) 2018 5086836.	(d) 2019 2891952.	(e) 2020 1300081	(f) Total 20016199.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,596.	21,937.	27,382.	19,315.		103,235.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	18,596.	21,937.	27,382.	19,315.	16,005.	103,235.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	16,804. 5744221.	21. 5041464.	21,146. 5135364.	85,753. 2997020.	2,276. 1327365.	126,000. 20245434.
	First 5 years. If the Form 990 is for th						
	check this box and stop here	•		•		. , . ,	·
Sec	tion C. Computation of Publi						<u> </u>
15	Public support percentage for 2020 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	98.87 %
	Public support percentage from 2019					16	97.13 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	120 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.51 %
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	.50 %
19a	$33\ 1/3\%$ support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 1	
	more than 33 1/3%, check this box an	-	-		•		
b	33 1/3% support tests - 2019. If the	· ·				•	. \square
	Private foundation. If the organization		•	•		-	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
,		
2		
3a		
3b		
3c		
4a		
44		
4b		
4c		
10		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
30		
10a		
10b 990 or 99	いっこつい	2020

	dule A (Form 990 or 990-EZ) 2020 Abilities First Founda			31-0620685 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	_
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 Abilities First Foundation, Inc.

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

31-0620685 Page 7

Ра	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	<u>ued)</u>	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-			T	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	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:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990	EZ) 2020	Abili	lties	First	Foundati	on,	Inc.	31-0620685 Page 8
Part VI	Part IV, Section A line 1; Part IV, Se	al Inforn A, lines 1, ection D, li 5, 6, and 8	nation. 2, 3b, 3c, nes 2 and	Provide tl 4b, 4c, 5a 3; Part I\	ne explanati a, 6, 9a, 9b, /, Section E,	ons required by P 9c, 11a, 11b, and lines 1c, 2a, 2b,	Part II, li d 11c; F 3a, and	ne 10; Part II, line Part IV, Section B, I I 3b; Part V, line 1;	17a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, dditional information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

Abilities First Foundation, Inc.

Employer identification number

31-0620685

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Abilities First Foundation, Inc.

Bemployer identification number

31-0620685

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	The Harris Products Group 4501 Quality Place Mason, OH 45040	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Middletown Community Foundation 300 North Main Street, Suite 300 Middletown, OH 45042	\$7,925.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Wilbur Cohen Family Philanthropic Fund 84 Carpenters RDG Cincinnati, OH 45241	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	United Way of Greater Cincinnati 2400 Reading Road Cincinnati, OH 45202	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	AK Steel Foundation 9227 Centre Point Drive West Chester, OH 45069	\$5,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Abilities First Foundation, Inc.

31-0620685

TDTTT	ties first foundation, inc.	1 21	-0020003
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

ie or or	ganization				Employer identification frum		
	ies First Foundation, I	nc.			31-0620685		
rt III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a)	through (e) and the following line en	ntry. For ord	ganizations			
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	aritable, etc., contributions of \$1,000 or	r less for the	e year. (Enter this info. once	.) ► \$		
No.							
om irt l	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held		
_							
L							
		(e) Transfer of gi	ift				
	Transferee's name, address, and	N 7 ID . <i>A</i>	Po	lationship of tran	sferor to transferee		
F	Transferee's flame, address, and	iationship of trai	isteror to transferee				
lo. m	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held		
t I	,,,,,				·		
-							
Γ	•	(e) Transfer of gi	ift				
ŀ	Transferee's name, address, and	1 ZIP + 4	Re	lationship of tran	sferor to transferee		
	-						
o. n	(b) Purpose of gift	(c) Use of gift		(d) Descr	ription of how gift is held		
1	(b) I dipose of gilt			(4) 2000			
-							
	·	(e) Transfer of gi	ift				
F	Transferee's name, address, and	1 ZIP + 4	Re	lationship of tran	sferor to transferee		
o. n : I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held		
4	(, ресе с. 3	(-, 0		(-,			
-			—				
		(e) Transfer of gi	ift				
-	Transferee's name, address, and	I ZIP + 4	Re	lationship of tran	sferor to transferee		
	-						
- 1		I					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Da	ADILITIES FIRST Found	•	31-0620685						
Pai			Or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line 6.								
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writi	_							
	are the organization's property, subject to the organization's excl								
6	Did the organization inform all grantees, donors, and donor advis								
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring								
Da	impermissible private benefit?								
Pai			Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (
	Preservation of land for public use (for example, recreation	or education) Preservation of	f a historically important land area						
	Protection of natural habitat	Preservation of	f a certified historic structure						
	Preservation of open space								
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.		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b									
С	Number of conservation easements on a certified historic structu	ıre included in (a)	2c						
d	Number of conservation easements included in (c) acquired after	7/25/06, and not on a historic structu	ıre						
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the	organization during the tax						
	year ▶								
4	Number of states where property subject to conservation easeme	ent is located							
5	Does the organization have a written policy regarding the periodi	c monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements it hol	ds?	Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting, han	dling of violations, and enforcing cons	servation easements during the year						
	>								
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conserva	tion easements during the year						
	▶ \$								
8	Does each conservation easement reported on line 2(d) above sa	•							
	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation e	easements in its revenue and expense	statement and						
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statement	ents that describes the						
Da	organization's accounting for conservation easements.	t Historical Transcruss or Ot	hay Cincilay Assata						
Pai	t III Organizations Maintaining Collections of Ar		ther Similar Assets.						
	Complete if the organization answered "Yes" on Form 990								
1a	If the organization elected, as permitted under FASB ASC 958, n	·							
	of art, historical treasures, or other similar assets held for public of		•						
	service, provide in Part XIII the text of the footnote to its financial								
b	If the organization elected, as permitted under FASB ASC 958, to	•							
	art, historical treasures, or other similar assets held for public exh	nibition, education, or research in furth	nerance of public service,						
	provide the following amounts relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1								
			'						
2	If the organization received or held works of art, historical treasure	res, or other similar assets for financia	I gain, provide						
	the following amounts required to be reported under FASB \ensuremath{ASC}	_							
а	Revenue included on Form 990, Part VIII, line 1								
b	Assets included in Form 990, Part X								

032051 12-01-20

Schedule D (Form 990) 2020

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

-		es First F							20685	Page 2
Par	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tre	asures, o	r Othei	r Similaı	r Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	make si	gnificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition	C	d 💹	Loan or exc	hange progra	am				
b	Scholarly research	•	e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	n's exen	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit of				•				_	
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran		lete if the	organizatio	n answered '	"Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi								_	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amount	
	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance								7.,	
	Did the organization include an amount on Fo						ity?		Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in									
I ai	Endowment runds. Complete				1				(-) [a	baalı
4.	Danisaria a of consultation of	(a) Current year	(b) F	Prior year	(c) Two yea	rs dack	(a) Three y	rears back	(e) Four y	ears back
	Beginning of year balance									
b	Contributions					+				
C	Net investment earnings, gains, and losses					1				
	Grants or scholarships					1				
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g 2	End of year balance Provide the estimated percentage of the curr	ront year and balanc	o (lino 1e	r column (a)) hold as:					
a	Board designated or quasi-endowment	•	% %	y, coluitiii (a)	ij Heiu as.					
b	Permanent endowment	%								
	· · · · · · · · · · · · · · · · · · ·									
·	The percentages on lines 2a, 2b, and 2c sho	-^ -								
3a	Are there endowment funds not in the posse	•	ation tha	t are held ar	nd administer	ed for th	e organiza	ation		
-	by:	esien er ine erganiz							T	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									•
Par	t VI Land, Buildings, and Equipm	nent.								
`	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr	ment)	basis	(other)	de	preciation			
1a	Land				0,976.					,976.
	Buildings				4,583.	2,2	248,53	32.	576	,051.
	Leasehold improvements									
	Equipment	I			0,934.	:	311,4			,483.
	Other			21	7,213.		78,93	16.		,297.
Total	. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X. colun	nn (B). line 1	0c.)				$86\overline{4}$,807.

Schedule D (Form 990) 2020

a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
В)			
C)			
D)			
E)			
F)			
G)			
(H)			
II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1)			
2)			
3)			
4)			
(5)			
(6)			
(7)			
(8)			
(9)			
		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			(b) Book value
(1) (2)			(b) Book value
(1) (2) (3)			(b) Book value
(1) (2) (3) (4)			(b) Book value
(1) (2) (3) (4) (5)			(b) Book value
(1) (2) (3) (4) (5)			(b) Book value
(1) (2) (3) (4) (5) (6) (7)			(b) Book value
(1) (2) (3) (4) (5) (6) (7)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colymn (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of	Description	•	
1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description	•	
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description	•	
1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description	•	
1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability 1) Federal income taxes 2) 3)	Description	•	
1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability 1) Federal income taxes 2) 3) 4)	Description	•	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	•	
3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	•	
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	•	
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	•	
1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)n Form 990, Part IV, line		

032053 12-01-20

	dule D (Form 990) 2020 Abilities First Foundation,				1620685	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With F	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			T . T	1 127	FFO
1				1	1,137	, 558.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ء ا	10 659			
a	Net unrealized gains (losses) on investments		40,658.	-		
b	Donated services and use of facilities			-		
C	Recoveries of prior year grants		7,131.	-		
d	Other (Describe in Part XIII.)	•		100	17	,789.
e o	Add lines 2a through 2d			2e 3	1,089	
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,000	, 105.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)			-		
	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,089	
	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F		1.	,,,,,,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,882	,644.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	1 1				
С	Other losses					
d	Other (Describe in Part XIII.)	1 1	7,131.			
е	Add lines 2a through 2d			2e	7	,131.
3	Subtract line 2e from line 1			3	1,875	,513.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	1,875	<u>,513.</u>
Pa	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I ¹ 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			l; Part X	(, line 2; Part X	Ί,
Paı	t X, Line 2:					
The	Organization is exempt from income taxes	under	Section 50	1 of	the	
Int	ernal Revenue Code and a similar provision	of Oh	io law. H	lowe	ver, the	2
Org	anization is subject to federal income tax	on an	y unrelate	d bu	ısiness	
inc	come.					
<u>Par</u>	t XI, Line 2d - Other Adjustments:					
Fur	draising Expense				7,1	131.
<u>Paı</u>	t XII, Line 2d - Other Adjustments:					
Fur	draising Expense				7.1	31.
					, <u>, , , , , , , , , , , , , , , , , , </u>	

Schedule D (Form 990) 2020 Abilities First Foundation, Inc. 31-0620685 Pa	gc c
Schedule D (Form 990) 2020 Abilities First Foundation, Inc. 31-0620685 Par XIII Supplemental Information (continued)	
·	

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization						Employer ide	ntification number
Abiliti	es First Foundation	n, I	Inc.	•		31-0620	685
	Complete if the organization answe				ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	ed funds through any of the followin e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursua	tion of tion of fundra (includant rofessi	non-govern govern sising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			>				
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2020

	edul I rt I		ne organization answered	"Yes" on Form 990, Pa	art IV, line 18, or reported	
		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					None	(add col. (a) through
			Golf Outing			col. (c))
Φ			(event type)	(event type)	(total number)	COI. (C))
Revenue			26.004			26.004
Rev	1	Gross receipts	36,884.			36,884.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	36,884.			36,884.
	,	Cash prizes				
	4	Cash prizes				
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
ct Ej	7	Food and beverages				
Dire		-				
	8	Entertainment				
	9	Other direct expenses	7,131.			7,131.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	7,131.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		>	29,753.
Pa	rt I					·
		\$15,000 on Form 990-EZ, line 6a.				
			(-) Diame	(b) Pull tabs/instant	(-) (011)	(d) Total gaming (add
Σ			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
	-	GIOSS revenue				
	2	Cash prizes				
ses	_	Odair prizes				
ect Expenses	3	Noncash prizes				
ă K						
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summany Add lines 2 through	a E in column (d)		_	
	′	Direct expense summary. Add lines 2 through	13 iii colulliii (a)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	
		ter the state(s) in which the organization condu	_			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		. Yes No
b	If "	No," explain:				
	_					
100		ere any of the organization's gaming licenses re	avakad suspandad arta	rminated during the tax	woar?	Yes No
		ere any or the organization's gaming licenses re Yes," explain:			. year :	
		. 66, - 67. райн				
						orm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 Abilities First Foundation, Inc. 31-0	0620685	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\blacktriangleright*		
c	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
r	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \(\subseteq \) \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. linos Q. Q	ıb 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	it iii, iiiles 9, 9	ю, тою,
_	13b, 13c, 10, and 17b, as applicable. Also provide any additional information. Gee instructions.		
_			

Schedule G	G (Form 990 or 990-EZ) Supplemental Infor	Abilities	First	Foundation,	Inc.	31-0620685	Page 4
Part IV	Supplemental Infor	maτιοn _(continued)					
-							
-							

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Abilities First Foundation, Inc.

Employer identification number 31-0620685

Form 990, Part I, Line 1, Description of Organization Mission: adult with special needs to put their abilities first. Form 990, Part VI, Section B, line 11b: The Finance Committee reviews the Form 990 prior to filing. Form 990, Part VI, Section B, Line 12c: The conflict of interest policy is discussed annually at the board meeting. Form 990, Part VI, Section B, Line 15: The CEO's compensation is deteremined by comparing performance to job description. Also comparative surveys are reviewed and compensation is approved by the compensation committee. The compensation of the other officers is reviewed annually. Performance is reviewed and compared to job descriptions. Annual goals are reviewed to see if they have been accomplished. Form 990, Part VI, Section C, Line 18: All documents and financials are available upon request. Form 990, Part VI, Section C, Line 19: The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request.

Form 990, Part XII, Line 2c:

No changes were made to the process this year.

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020					Page 2
Name of the organization		First	Foundation,	Inc.	Employer identification number 31-0620685
					_

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2020 calendar year, or tax year beginning and	ending				
B c	heck if pplicable	C Name of organization		D Employer identifie	cation number		
	Addre	Abilities First Foundation, Inc.					
	Name			31-0620685			
F	Initial return		Room/suite	E Telephone number			
]Final return/	4710 Timber Trail Drive		513-423-9496			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,364,249.		
	Ameno	Middletown, OH 45044		H(a) Is this a group re	eturn		
	Application	^{a-} F Name and address of principal officer: Jan L Sutcliffe-Bro	own	for subordinates? Yes X No			
	pendir	same as C above		H(b) Are all subordinates in	cluded? Yes No		
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions		
		te: > abilitiesfirst.org		H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year	of formation: 1958	State of legal domicile: OH		
Pa	ırt I	Summary					
Φ		Briefly describe the organization's mission or most significant activities: Abil					
anc	l	providing comprehensive services and qual					
ern	l .	Check this box if the organization discontinued its operations or dispos					
gov				3	10 10		
۵		Number of independent voting members of the governing body (Part VI, line 1b)		·····	52		
Activities & Governance		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			23		
		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		Net unrelated business taxable income nonn onn 990-1, i arti, iine i i		Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		468,487.	147,860.		
Revenue	l	Program service revenue (Part VIII, line 2g)		2,423,465.	1,161,224.		
	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,571.	-251,344.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		133,259.	32,029.		
	ı	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,037,782.	1,089,769.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,725,656.	1,369,369.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
х	b	Total fundraising expenses (Part IX, column (D), line 25)	71.				
Û	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		924,247.	506,144.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,649,903.	1,875,513.		
	19	Revenue less expenses. Subtract line 18 from line 12		-612,121.	-785,744.		
SOC			Be	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,204,397.	1,887,477.		
et A	21	Total liabilities (Part X, line 26)		510,502. 1,693,895.	938,668. 948,809.		
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		1,093,093.	340,003.		
		lties of perjury, I decla re thot Linaya ององ กined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is		
		et, and complete. Declaration of prepayer (prince than officer) is based on all information of wh			Trilowicago and bollor, it is		
,	001100	Jan Surance-Drown	non proparor	11/15/202	21		
Sign	า	Signature of officer DFZETTET5B5E438		Date			
Her		■ Jan L Sutcliffe-Brown, Executive Direc	tor				
		Type or print name and titleDocuSigned by:					
		Print/Type preparer's name Preparer's signature of the	~ <u>1</u>	1/15/2021 Check [PTIN		
Paid		Paula Hume		self-employ			
Prep	arer	Firm's name Barnes, Dennig & Co., LTD	<u> </u>	Firm's EIN ▶	31-1119890		
Use	Only	Firm's address 150 East Fourth Street					
		Cincinnati, OH 45202		Phone no. (5	13)241-8313		
Мау	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

	990 (2020) Abilities First Foundation, Inc. 31-0620685 Page	2
Pai	t III Statement of Program Service Accomplishments	
	Check if Schodula O contains a represent a conviling in this Bort III	\neg
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Abilities First is committed to providing comprehensive services and	
	quality care to each child and adult with special needs to put their	
	abilities first.	—
	abilities lilst.	—
2	Did the organization undertake any significant program services during the year which were not listed on the	
		10
		U
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	0
	If "Yes," describe these changes on Schedule O.	
_	- · · · · · · · · · · · · · · · · · · ·	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
		_
4a	(Code:) (Expenses \$520,003. including grants of \$) (Revenue \$318,113.	_)
	Therapy programs provide comprehensive outpatient physical occupational	
	and speech therapy to children from birth to 22 years of age. Therapies	_
		—
	are also encorporated into the Autism Learning Center which is an	
	accredited educational program for pre-school through second grade.	
		_
		—
		_
		—
		_
		—
4b	(Code:) (Expenses \$ 495,342. including grants of \$) (Revenue \$ 375,083.	_)
	Early Chidhood Learning Center is State Licensed and provides day care	_
	for typical and special needs children. They work closely with our	—
	Autism Learning Center.	
		—
		_
		—
		—
4c	(Code:) (Expenses \$ 389,813. including grants of \$) (Revenue \$ 468,028.	$\overline{}$
70		- '
	The Autism Learning Center is an accredited educational program for	
	pre-school through second grade. They work with our Therapy and Day	
	Care programs to give a complete service.	_
	out programs to give a compress service.	—
		_
		—
		_
		—
		_
	Otherway and the IDearth of Other Idea of Ot	—
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶ 1,405,158.	_
	Form 990 (202	00/
	Form 950 (202	∠U)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		-23
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_ -
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Δ.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 27 (**) "ex.,** complete Schedule (**) Parts I and III 22 2 2 2 2 2 2 2 2		· (continued)		Vaa	Na
Part IX, column (A), line 2? (if Yes, "complete Schedule I, parts I and III 2 Did the organization assers "Yes" to Part IVI, Science on A, line 3, 4, 6" about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 2 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 I/ Vin (%) got line 26a 5 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 25d Section 501(5(3), 501(6)(4), and 501(5(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25a Section 501(5(3), 501(6)(4), and 501(5(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b bid the organization area than the energoted on any of the organization in engage in an excess benefit transaction with a disqualified person of the proper of the year of the organization or payables to any current or former officer, organization provides any of these persons? If Yes, "complete Schedule I, Part II 2 5chedule I, Part I 2 5d bid the organization provides a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 55% controlled entity or family member of any of these persons? If Yes, "complete Schedule I, Part IV 2 25c Did the organization provides a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If Yes, "complete Schedule I, Part IV 2 25d Was the organization related contributor or employee thereof, a grant solicition committee member, or to a 35% controlled entity ordanization related to	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	No
23 Did the organization answer "Ves" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization is current and former offices, directors, functions, functio			22		x
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is and some of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No." go be in 25a	23				
Schedule / 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? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." yo to line 25a. 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c Did the organization amount and an escrow account other than a refunding escrow at any time during the year? 24d Did to the organization amount and 5016(x)29 organizations. Did the organization ange in an excess benefit transaction with a disqualified person during the year? // "Yes," complete Schedule L. Part I Did the organization amount and the graged in an excess benefit transaction with a disqualified person during the year? // "Yes," complete Schedule L. Part I Did the organization amount and the graged in an excess benefit transaction with a disqualified person during the year? // "Yes," complete Schedule L. Part I Did the organization exposed that the transaction has not been reported on any of the organization prior Forms 990 or 990 EZ? // "Yes," complete Schedule L. Part I Did the organization exports 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 39% controlled entity of raminy member of any of these persons? If "Yes," complete Schedule L. Part IV Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, ke					
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stat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K, If "No." jo to line 25a b) Did the organization ministan an escrew account other than a refunding secrew at any time during the year to defease any tax-evempt bonds? c) Did the organization maintain an escrew account other than a refunding secrew at any time during the year to defease any tax-evempt bonds? d) Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d d) Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d d) Did the organization aware that it engaged in an excess benefit 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 during the year? (if "Yes," complete Schedule L, Part I D) If the organization report any amount on Pan X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? (if "Yes," complete Schedule L, Part II 27D 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 a 53% controlled entity (including an employee thereof) or family member of any of these persons? (if "Yes," complete Schedule L, Part II 28a Was the organization aperty to a business transaction with one of the following parties (see Schedule L, Part II) b) A laminy member of any individual described in line 28a? (if "Yes," complete Schedule L, Part III 27 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? (if "Yes," complete Schedule L, Part III D) A 135 Did the organization necked contributi	24a				
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Schedule L, Part I 25b	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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, fusites, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 28 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor or employee thereof), a grant selection committee member, or to a 35% controlled entity fincluding an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, frustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a 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 28a 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization in experience where the maximum services of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II, III, or IV, and Part V, line 1 34 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part IV, IIIn or IV, and Part V, IIIn or I		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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entity (including an employee thereof) or family member of any of these persons? If "Yes," complete 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 28a 28a 28b 16 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b 16 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b 17 28c 27b	27				
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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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		If "Yes," complete Schedule R, Part V, line 2	36		X
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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		, , ,	37		X
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	38				
Check if Schedule O contains a response or note to any line in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes Yes	Pal				
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5 b Enter the number of Forms 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? 1c X		Uneck if Schedule U contains a response or note to any line in this Part V		 T	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			-		
(gambling) winnings to prize winners?		Enter the number of Fermi W Zermonded in line fat Enter of infort applicable	-		
	С			v	
	02000		_		(2020)

	tale included			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 52			
	, , , , , , , , , , , , , , , , , , , ,		Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country	a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	37 /	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
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? N/A			
•		8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		x
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		-25
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.5	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2020)

Abilities First Foundation, Inc. 31-0620685 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **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. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 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? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶OH

exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records Jan L Sutcliffe-Brown - 513-423-9496

4710 Timber Trail Drive, Middletown, OH

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16h

Form 990 (2020) Abilities First Foundation, Inc.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	organization compensate (C)						(D)	(E)	(F)
Name and title	Average	(do not ch			itior more		nne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week	-	Ler ar	lu a u	recic	I / II US	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 27 1033 141100)		and related
	below	idual t	ution	<u>~</u>	Key employee	sst co	-e			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) Jan L. Sutcliffe-Brown	40.00									
Executive Director				Х				84,053.	0.	6,045.
(2) Maryanne Ferrell	0.40									
Trustee		Х						0.	0.	0.
(3) Mike Scorti	0.40									
Trustee		Х						0.	0.	0.
(4) Jim Kleingers	0.40									
Trustee		Х						0.	0.	0.
(5) Stephanie Bisselberg	0.40								_	_
Trustee		Х						0.	0.	0.
(6) Stu Locke	0.40	1							_	_
Trustee		Х						0.	0.	0.
(7) Mark Shanley	0.40									
Treasurer		Х		Х				0.	0.	0.
(8) Jennifer Asbrock	0.40									
Secretary		Х		Х				0.	0.	0.
(9) Charles W Anderson	0.40									
Vice Chairman	0.40	Х		Х				0.	0.	0.
(10) Chuck Fortener	0.40	. ,		7,7					_	
Chairman (11) Mal Macr	0.40	Х		Х				0.	0.	0.
(11) Tal Moon Trustee	0.40	х						0.	0.	0.
Trustee		Λ						0.	0.	· ·
		1								
		1								
		1								
		1								
			\vdash							
		1								
	-	1	I	ı	I	I	ı	1	l	I

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

			2020) Abilities Fir	st Founda	ation, Inc.	•	31-0620	685 Page 9
Pai	rt V	/111						
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under sections 512 - 514
	_			71 427				Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a	71,427.				
Gra			Membership dues 1b					
ts, An			Fundraising events 1c					
iar ilar			Related organizations 1d					
ns, Sim			Government grants (contributions) 1e					
utio er (f	All other contributions, gifts, grants, and	76 422				
ĕ			similar amounts not included above 1f	76,433.				
ont		_	Noncash contributions included in lines 1a-1f		147 060			
<u>o</u> e		n	Total. Add lines 1a-1f		147,860.			
	_		Client Services	Business Code 623990	1 161 224	1 161 224		
Program Service Revenue	2			623990	1,161,224.	1,161,224.		
er ue		b						
m S		C						
gra Re		d						
rog		e	All all and an analysis					
_			All other program service revenue		1,161,224.			
\rightarrow	3		Total. Add lines 2a-2f		1,101,224.			
	3		other similar amounts)		16,005.			16,005.
	4		Income from investment of tax-exempt bond p		10,003.			10,003.
	5							
	3		Royalties(i) Real	(ii) Personal				
	6	_		(ii) i croonar				
	0		Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	•	u	assets other than inventory 7a	(.,, ==				
		h	Less: cost or other basis					
<u>o</u>			and sales expenses 7b	267,349.				
enue		c	Gain or (loss) 7c	-267,349.				
Š (Net gain or (loss)		-267,349.			-267,349.
Other Re	8		Gross income from fundraising events (not		,			,
£	Ū	_	including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 188a	36,884.				
		b	Less: direct expenses 8b	7,131.				
			Net income or (loss) from fundraising events		29,753.			29,753.
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b	,				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	а				
		b	Less: cost of goods sold10i	o				
			Net income or (loss) from sales of inventory	•				
,,				Business Code				
o o	11	а	Miscellaneous	900099	2,276.			2,276.
ane		b						
eke Sel		С						
Miscellaneous Revenue		d	All other revenue					
_			Total. Add lines 11a-11d		2,276.			
	12		Total revenue. See instructions		1,089,769.	1,161,224.	0.	-219,315.
032009	12	-23-	20					Form 990 (2020)

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Part IX Statement of Functional Expenses

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	Check if Schedule O contains a respons	e or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	90,098.	60 057	10 727	1 404
_	trustees, and key employees	90,090.	69,957.	18,737.	1,404.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,073,040.	875,493.	183,968.	13,579.
7 8	Other salaries and wages Pension plan accruals and contributions (include	±,0/J,0±0•	0,0,400	103,700•	10,019
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	119,838.	27,315.	85,769.	6.754.
10	Payroll taxes	86,393.	70,224.	15,008.	6,754. 1,161.
11	Fees for services (nonemployees):	33,333.	,		_,
··	Management				
b		96.	33.	63.	
		16,000.		16,000.	
d		, , , , , ,		, , , , , ,	
е					
f	Investment management fees				
g					
_	column (A) amount, list line 11g expenses on Sch O.)	18,281.		18,281.	
12	Advertising and promotion	1,895.	1,895.		
13	Office expenses	22,456.	7,760.	14,436.	260.
14	Information technology				
15	Royalties				
16	Occupancy	159,705.	154,914.	4,791.	
17	Travel	21.	21.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2.12		2.5.1	
19	Conferences, conventions, and meetings	848.	484.	364.	
20	Interest	20,925.	291.	20,634.	
21	Payments to affiliates	00 440	00 500	0 044	
22	Depreciation, depletion, and amortization	98,442.	88,598.	9,844.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) Program Related	76,021.	76,021.		
a b	December and Constitution	67,290.	15,618.	51,672.	
C	Communications	10,081.	9,693.	388.	
d	Equipment Rental	4,185.	4,185.	300.	
	All other expenses	9,898.	2,656.	5,729.	1,513.
25	Total functional expenses. Add lines 1 through 24e	1,875,513.	1,405,158.	445,684.	24,671
<u>23 </u>	Joint costs. Complete this line only if the organization	_, _, _, _, _, _,	_,,		21,0,1
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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parties, and other liabilities not included on lines 17-24). Complete Part X

Net assets without donor restrictions Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that follow FASB ASC 958, check here

X

Organizations that do not follow FASB ASC 958, check here

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 299,613. 204,480. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 82,813. 71,427. 3 3 Pledges and grants receivable, net 62,341. 130,108. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 8,836. 747. Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 3,503,706. basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 2,638,899. 1,186,346. 864,807. 10c 615,908. 564,448. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 2,204,397. 1,887,477. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 510,502. 938,668. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities (including federal income tax, payables to related third

> 1,887,477. Form **990** (2020)

948,809.

938,668.

516,374.

432,435.

Net Assets or Fund Balances

27

29

30

31

32

33

of Schedule D

Total liabilities. Add lines 17 through 25

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

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

510,502.

462,266.

1,231,629.

1,693,895.

2,204,397.

26

27

29

30

31

32

33

	1990 (2020) Abilities First Foundation, Inc.	31-06	20685	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,089		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,875		
3	Revenue less expenses. Subtract line 2 from line 1	3	-785		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,693		
5	Net unrealized gains (losses) on investments	5	40	, 6	<u>58.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	948	3,8	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
			0.5		

032012 12-23-20

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

ZUZUOpen to Public

Inspection

Name of the organization **Employer identification number** Abilities First Foundation, 31-0620685 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 Abilities First Foundation, Inc. 31-0620685 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	 -					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support			_			
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3)	
0	organization, check this box and stop						>
	tion C. Computation of Public					T T	
	Public support percentage for 2020 (li	, , , , , , , , , , , , , , , , , , , ,	•	****		14	<u>%</u>
	Public support percentage from 2019					15	<u>%</u>
16a	33 1/3% support test - 2020. If the o	· ·		·		•	. —
L	stop here. The organization qualifies a 33 1/3% support test - 2019. If the o		-			or mara shock thi	
O		•					. □
170	and stop here. The organization quali 10% -facts-and-circumstances test					and line 1/1 is 10% /	
ı/a	and if the organization meets the facts						
	meets the facts-and-circumstances tes			=	•	viriow the organiz	▲
h	10% -facts-and-circumstances test	· ·	•	,		17a and line 15 is 1	
b	more, and if the organization meets th	-					1070 OI
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization				•		
	die realitation in the organization	. GIG FIOT OFFICER &	207 011 1110 10, 10	م, ۱۵۵, ۱۲۵, ۱۲۱		edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2020 Abilities First Foundation, Inc.

31-0620685 Page 3

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

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

Sec	ction A. Public Support	ciow, picase comp	icte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	,	,	,	,	,	,,
	include any "unusual grants.")	561,336.	440,078.	323,767.	468,487.	147,860.	1941528.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5147485.	4579428.	4763069.	2423465.	1161224.	18074671.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	5800001	504.050.6	5006026	2221252	120000	00016100
	Total. Add lines 1 through 5	5708821.	5019506.	5086836.	2891952.	1309084.	20016199.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						20016199.
	• • • • • • • • • • • • • • • • • • • •	(-) 0010	(1-) 0047	(-) 0010	(-1) 0040	(-) 0000	(0 T-+-1
	ndar year (or fiscal year beginning in)	(a) 2016 5708821.	(b) 2017 5019506.	(c) 2018 5086836.	(d) 2019 2891952.	(e) 2020 1300081	(f) Total 20016199.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,596.	21,937.	27,382.	19,315.		103,235.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	18,596.	21,937.	27,382.	19,315.	16,005.	103,235.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	16,804. 5744221.	21. 5041464.	21,146. 5135364.	85,753. 2997020.	2,276. 1327365.	126,000. 20245434.
	First 5 years. If the Form 990 is for th						
	check this box and stop here	•		•		. , . ,	·
Sec	tion C. Computation of Publi						
15	Public support percentage for 2020 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	98.87 %
	Public support percentage from 2019					16	97.13 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	120 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.51 %
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	.50 %
19a	$33\ 1/3\%$ support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 1	
	more than 33 1/3%, check this box an	-	-		•		
b	33 1/3% support tests - 2019. If the	· ·				•	. \square
	Private foundation. If the organization		•	•		-	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	-		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	01		
	9b		
	9c		
	10a		
_	10b 90 or 99		
9	90 or 99	KJ- ⊢/)	ノロンロ

	dule A (Form 990 or 990 EZ) 2020 Abilities First Foundation, Inc. 31-06	<u> 2068:</u>	5 Pa	age 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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.	3		
Sec	tion 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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

Sche	t V Type III Non-Functionally Integrated 509(a)(3) Support			31-0620665 Page 6
1				Dort VI) Con instructions
'	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu		•	Part VI). See instructions.
Sect	on A - Adjusted Net Income	ust complete	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	<u> </u>		
Ŭ	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	Adjusted Net income (subtract lines 5, 6, and 7 norm line 4)			(B) Current Year
Sect	on B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
=	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrat	ed Type III supporting ora	anization (see
			,, ,,	•

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Section D - Distributions

Schedule A (Form 990 or 990-EZ) 2020 Abilities First Foundation, Inc.

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

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Current Year

on D - Distributions				Current Year
Amounts paid to supported organizations to accomplish exer	1			
Amounts paid to perform activity that directly furthers exemp				
organizations, in excess of income from activity	2			
Administrative expenses paid to accomplish exempt purpose	3			
	- 11		4	
·	ovide details in Part VI)		5	
•	Ovide details iii = =====			
*	ne organization is responsive			
•	io organization io responsive		g	
•				
	(i) Excess Distributions	(ii) Underdistribution Pre-2020		(iii) Distributable Amount for 2020
Distributable amount for 2020 from Section C, line 6				
·				
•				
-				
- · ·				
,				
than zero, explain in Part VI. See instructions.				
-				
and 4b from line 1. For result greater than zero, explain in				
Part VI. See instructions.				
Excess distributions carryover to 2021. Add lines 3j				
and 4c.				
Breakdown of line 7:				
Excess from 2016				
Excess from 2017				
Excess from 2017 Excess from 2018				
	Amounts paid to perform activity that directly furthers exemply organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - prior Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount ion E - Distribution Allocations (see instructions) Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016 From 2017 From 2018 From 2019 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2020 distributable amount Remainder. Subtract lines 4a and 4b from line 4. 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. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c.	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 (pror IRS approval required - provide details in Part VI) 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. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions details in Part VI). See instructions Distribution amount divided by line 9 amount (i) Excess Distributions Distributions described in Part VI). See instructions. Excess distributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016 From 2017 From 2018 From 2019 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3q, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2020 distributable amount Remainder. Subtract lines 3q and 4a from line 4. 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. Excess distributions carryover to 2021. Add lines 3i and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	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 - provide details in Part VI) 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. 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 (i) Excess Distributions (ii) Underdistributions (iii) Underdistributions Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016 From 2017 From 2018 From 2019 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3l from line 3f. Distributions for 2020 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to underdistributions of ryears prior to 2020, if any, Subtract lines 3g and 4a from line 4. Remaining underdistributions for years prior to 2020, if any, Subtract lines 3g and 4a from line 4. 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. Excess distributions carryover to 2021. Add lines 3j and 4c. Breakdown of line 7:	Amounts paid to supported organizations to accomplish exempt purposes 1

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990	EZ) 2020	Abili	lties	First	Foundati	on,	Inc.	31-0620685 Page 8
Part VI	Part IV, Section A line 1; Part IV, Se	al Inforn A, lines 1, ection D, li 5, 6, and 8	nation. 2, 3b, 3c, nes 2 and	Provide tl 4b, 4c, 5a 3; Part I\	ne explanati a, 6, 9a, 9b, /, Section E,	ons required by P 9c, 11a, 11b, and lines 1c, 2a, 2b,	Part II, li d 11c; F 3a, and	ne 10; Part II, line Part IV, Section B, I I 3b; Part V, line 1;	17a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, dditional information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number

Abilities First Foundation, Inc. 31-0620685 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Abilities First Foundation, Inc.

Employer identification number

31-0620685

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 7,925.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Abilities First Foundation, Inc.

31-0620685

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a)		\$	-
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

ie or or	ganization				Employer identification frum
	ies First Foundation, I	nc.			31-0620685
rt III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a)	through (e) and the following line en	ntry. For ord	ganizations	
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	aritable, etc., contributions of \$1,000 or	r less for the	e year. (Enter this info. once	.) ► \$
No.					
om irt l	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held
_					
L					
		(e) Transfer of gi	ift		
	Transferee's name, address, and	N 7 ID . <i>A</i>	Po	lationship of tran	sferor to transferee
F	Transferee's flame, address, and	1217 + 4	ne	iationship of trai	isteror to transferee
lo. m	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held
t I	,,,,,				·
-					
Γ	•	(e) Transfer of gi	ift		
ŀ	Transferee's name, address, and	1 ZIP + 4	Re	lationship of tran	sferor to transferee
	-				
o. n	(b) Purpose of gift	(c) Use of gift		(d) Descr	ription of how gift is held
1	(b) I dipose of gilt			(4) 2000	
-					
		(e) Transfer of gi	ift		
F	Transferee's name, address, and	1 ZIP + 4	Re	lationship of tran	sferor to transferee
o. n : I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held
4	(, ресе с. 3	(-, 0		(-,	
-			—		
		(e) Transfer of gi	ift		
-	Transferee's name, address, and	I ZIP + 4	Re	lationship of tran	sferor to transferee
	-				
- 1		I			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Abilities First Foundation, Inc.

Employer identification number 31-0620685

Schedule D (Form 990) 2020

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relative		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located -	
5	Does the organization have a written policy regarding the per	riodic 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 cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ents that describes the
Day	organization's accounting for conservation easements.	i Art Historical Traccures or Ot	har Cimilar Assata
Pai	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	•
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treations of the control of the co		i gain, provide
	the following amounts required to be reported under FASB A	_	• •
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 \$

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

		es First F				_			20685	Page 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	ollowing that	t make sig	nificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	C	t	Loan or exc	hange progra	am				
b	Scholarly research	6	e 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizatio	on's exem _l	ot purpos	e in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or othe	er similar a	ssets		_	
_	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on F	orm 990,	, Part IV,	ine 9, or	
	reported an amount on Form 990, Pai	·								
1a	Is the organization an agent, trustee, custodi								7	
	on Form 990, Part X?							L	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
							\vdash		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
1	Ending balance						_ <u> 1f </u>		7	
	Did the organization include an amount on Fo						<i>y?</i>		Yes	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i						 1			
		(a) Current year		Prior year	(c) Two yea			aare hack	(e) Four y	pare hack
10	Beginning of year balance	(a) Current year	(6)	Tior year	(C) TWO yea	15 Dack	uj mies y	Gais Dack	(e) i oui y	cais back
h	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	a. column (a)) held as:					
а	Board designated or quasi-endowment	•	%	3 , ()	,					
b	Permanent endowment	 %	_							
С	Term endowment	 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the	organiza	tion	_	
	by:								Y	'es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	0, Part I\			, Part X, li	ne 10.			
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book	value
		basis (investr	ment)		(other)	depi	reciation			
	Land				0,976.		10 = =			<u>,976.</u>
	Buildings			2,82	4,583.	2,2	48,53	32.	<u> 576</u>	,051.
	Leasehold improvements	I		2.2	0 001		44 4-	- 1		400
	Equipment	I			0,934.		$\frac{11,45}{70,01}$,483.
	Other				7,213.		78,91			,297.
<u>Total</u>	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. colun	nn (B). line 1	0c.)				864	<u>,807.</u>

Schedule D (Form 990) 2020

		irst Foundatio	on, Inc.	31-0620685 Page 3
Part VII				
(a) Dagar	Complete if the organization answered "Yes"			
	iption of security or category (including name of security)	(b) Book value	(c) Method of Valuat	ion: Cost or end-of-year market value
	cial derivatives			
(2) Closel (3) Other	y held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VI	II Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuat	ion: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	(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	I1d. See Form 990, Part	X, line 15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				+
(8) (9)				
	lumn (b) must equal Form 990, Part X, col. (B) line	2.15.)		N
Lotal (Co.		= 10.) 		
<u>Γotal. (Co</u> Part X	Other Liabilities.	•		
	Other Liabilities.		11e or 11f. See Form 990	. Part X. line 25.
Part X	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990	, Part X, line 25. (b) Book value
Part X	Other Liabilities. Complete if the organization answered "Yes"		11e or 11f. See Form 990	
Part X	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990	
Part X 1. (1) Fe	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990	
Part X 1. (1) Fe (2)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990	
1. (1) Fe (2) (3)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990	
1. (1) Fe (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990	
1. (1) Fe (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990	
1. (1) Fe (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990	
1. (1) Fe (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990	· · · · · · · · · · · · · · · · · · ·

032053 12-01-20

Schedule D (Form 990) 2020

		(Form 990) 2020 ADIIITIES FIRST FOUNDATION,				U0⊿U003 Page 4
Par	t XI	Reconciliation of Revenue per Audited Financial Statement	s With	Revenue per Ret	urn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		I	. 1	1 127 550
1					1	1,137,558.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	ا ـه ا	10 659		
_		nrealized gains (losses) on investments	2a	40,658.		
b		ed services and use of facilities	2b			
C		reries of prior year grants	2c 2d	7,131.		
d		(Describe in Part XIII.) nes 2a through 2d			20	47,789.
е 3		•			2e 3	1,089,769.
3 4		act line 2e from line 1 nts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,000,700.
7		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	4b			
		nes 4a and 4b			4c	0.
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,089,769.
Par	t XII	Reconciliation of Expenses per Audited Financial Statemer	ts With	Expenses per R	eturr	1.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•		
1	Total 6	expenses and losses per audited financial statements			1	1,882,644.
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
-		ed services and use of facilities	2a			
b		/ear adjustments	2b			
c		losses	2c			
d		(Describe in Part XIII.)		7,131.		
е		nes 2a through 2d		•	2e	7,131.
3		act line 2e from line 1			3	7,131. 1,875,513.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	4b			
С	Add lii	nes 4a and 4b			4c	0.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	1,875,513.
Pai	t XIII	Supplemental Information.				
Provi	de 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	K, line 2; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inforr	nation.		
Par	rt X	, Line 2:				
_			_			_
The	Or	ganization is exempt from income taxes u	ınder	Section 503	1 of	f the
						_
Int	ern	al Revenue Code and a similar provision	of Ol	nio law. Ho	ower	ver, the
_				٠.		
Org	ganı	zation is subject to federal income tax	on ar	ny unrelated	d bi	ısıness
ınc	come	•				
D = =	. v	T line 2d Other Adjustments.				
Par	: t A	I, Line 2d - Other Adjustments:				
.	. d	iging Errongo				7 121
ruI	ura	ising Expense				7,131.
Par	-+ Y	II, Line 2d - Other Adjustments:				
Lai	. C A	ii, bine zu ocher Aujuschencs.				
Fur	idra	ising Expense				7,131.
_ 41	<u>.u. u</u>	ising Expense				,,191

Schedule D	(Form 990) 2020 Supplemental Infor	Abilities	First	Foundation,	Inc.	31-0620685	Page 5
Part XIII	Supplemental Infor	mation _(continued)					
-							
-							
-							
						Schedule D (Form 9	90) 2020

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

Abiliti	es First Foundatio	n, I	inc.	•	31-0620	685
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						
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
-otal			>			
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.						

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

Schedule G (Form 990 or 990-EZ) 2020

	edul I rt I		ne organization answered	"Yes" on Form 990, Pa	rt IV, line 18, or reported	
		of fundraising event contributions and gr				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			2 1 5 2 1 1		None	(add col. (a) through
			Golf Outing	, , , ,	() ()	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	36,884.			36,884.
	2	Less: Contributions				
	_	Loss. Contributions				
	3	Gross income (line 1 minus line 2)	36,884.			36,884.
		,	,			,
	4	Cash prizes				
	5	Noncash prizes				
ses						
eus	6	Rent/facility costs				
Direct Expense						
ect	7	Food and beverages				
Ë						
	8	***************************************				
	9	Other direct expenses				7,131.
	10	,			.	7,131.
Pa		Net income summary. Subtract line 10 from I Gaming. Complete if the organization				29,753.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or	reported more than	
		ψ13,000 0111 01111 990-E2, iii1e 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Be	4	Gross revenue				
	·	aross revenue				
	2	Cash prizes				
Expenses						
ber	3	Noncash prizes				
Ť						
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<u></u>	
_						
		ter the state(s) in which the organization condu	_			
		he organization licensed to conduct gaming a		states?		Yes No
D	IT "	No," explain:				
10=	We	ere any of the organization's gaming licenses re	evoked suspended orte	rminated during the tax	vear?	Yes No
		Yes," explain:		doing the tax	,	1001110
_	-	, · · · · ·				
	_					
	_	25.00			Cabadala O/E	000 er 000 EZ\ 0000
U320	32 11	-25-20			Scheaule G (Fol	rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 Abilities First Foundation, Inc. 31-0	<u> 1620685</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
		122	07
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount		
	of gaming revenue retained by the third party > \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
.0	Gaming manager mormation.		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandaton, distributions:		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	Abilities	First	Foundation,	Inc.	31-0620685	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)					
-							

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Abilities First Foundation, Inc.

Employer identification number

31-0620685 Form 990, Part I, Line 1, Description of Organization Mission: adult with special needs to put their abilities first. Form 990, Part VI, Section B, line 11b: The Finance Committee reviews the Form 990 prior to filing. Form 990, Part VI, Section B, Line 12c: The conflict of interest policy is discussed annually at the board meeting. Form 990, Part VI, Section B, Line 15: The CEO's compensation is deteremined by comparing performance to job description. Also comparative surveys are reviewed and compensation is approved by the compensation committee. The compensation of the other officers is reviewed annually. Performance is reviewed and compared to job descriptions. Annual goals are reviewed to see if they have been accomplished. Form 990, Part VI, Section C, Line 18: All documents and financials are available upon request. Form 990, Part VI, Section C, Line 19: The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request.

Form 990, Part XII, Line 2c:

No changes were made to the process this year.

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 9	990-EZ) 2020			Page 2
Name of the organization		rst Foundation	n, Inc.	Employer identification number 31-0620685
			-	

Paula Hume

From: CharitableRegistration@OhioAGO.gov
Sent: Monday, November 15, 2021 9:40 AM

To: Paula Hume

Subject: Submitted: Charitable registration annual report

MESSAGE RECEIVED FROM EXTERNAL SOURCE! Use Caution when clicking on links or attachments!

Organization: Abilities First Foundation, Inc.

EIN: 31-0620685

Paula Hume has submitted an annual report for fiscal year end 2020 for Abilities First Foundation, Inc. on 11/15/2021 at 9:39 AM. Please review the information listed below and print for your records. If there are any errors, please contact us.

Not all organizations are required to file a full annual report. If your organization was not required to file a full annual report you will see several blank fields in the filing summary below.

Step 1 Details -

Report Year:

Did you hire a professional solicitor?

No

Did your organization solicit charitable contributions from the general public on its own behalf?

Gross revenue (does NOT include governmental grants and funding from other 501(c)(3) organizations) \$1,089,769.00 Total assets: \$1,887,477.00

Step 2 Details -

Name of Organization: Abilities First Foundation, Inc.

EIN: 31-0620685

Phone: (513)423-9496

Fax: (513)423-1717

Web Address: www.abilitiesfirst.org

Secretary of State charter number: 273142

Bingo License Number:

Business location

Country: United States

Address Line 1: 4710 Timbertrail Dr

City: Middletown

State: Ohio Zip: 45044

County: Butler

Mailing address

Country: United States

Address Line 1: 4710 Timbertrail Dr

City: Middletown

State: Ohio
Zip: 45044
County: Butler

Step 3 Details -

 Individual contributions:
 \$147,860.00

 All other revenue:
 \$941,909.00

 Total revenue:
 \$1,089,769.00

 Program service expenses:
 \$1,405,158.00

 All other expenses:
 \$470,355.00

 Total expenses:
 \$1,875,513.00

 Total assets:
 \$1,887,477.00

 Total liabilities:
 \$938,668.00

Step 4 Details -

Directors and trustees information

First Name: Chuck
Last Name: Fortener

Country: United States

Address Line 1: 4710 Timbertrail Dr

City: Middletown

State: Ohio
Zip: 45044
County: Butler
Title/Position: Chairman

Average Weekly Hours: .4

Compensation: \$0.00

First Name: Mark Last Name: Shanley

Country: United States

Address Line 1: 4710 Timbertrail Dr

City: Middletown

State: Ohio

Zip: 45044 County: Butler

Title/Position: Treasurer

Average Weekly Hours: .4
Compensation: \$0.00

First Name: Jennifer
Last Name: Asbrock

Country: United States

Address Line 1: 4710 Timbertrail Dr

City: Middletown

State: Ohio
Zip: 45044
County: Butler
Title/Position: Secretary

Average Weekly Hours: .4

Compensation: \$0.00

First Name: Maryanne

Last Name: Ferrell

Country: United States

Address Line 1: 4710 Timbertrail Dr

City: Middletown

State: Ohio
Zip: 45044
County: Butler
Title/Position: Trustee

Average Weekly Hours: .4
Compensation: \$0.00

First Name: Charles
Last Name: Anderson

Country: United States

Address Line 1: 4710 Timbertrail Dr

City: Middletown

State: Ohio
Zip: 45044
County: Butler

Title/Position: Vice Chairman

Average Weekly Hours: .4

Compensation: \$0.00

First Name: Jim

Last Name: Kleingers

Country: United States

Address Line 1: 4710 Timbertrail Dr

City: Middletown

State: Ohio
Zip: 45044
County: Butler
Title/Position: Trustee

Average Weekly Hours: .4

Compensation: \$0.00

First Name: Mike
Last Name: Scorti

Country: United States

Address Line 1: 4710 Timbertrail Dr

City: Middletown

State: Ohio
Zip: 45044
County: Butler
Title/Position: Trustee

Average Weekly Hours: .4
Compensation: \$0.00

First Name: Stephanie
Last Name: Bisselberg

Country: United States

Address Line 1: 4710 Timbertrail Dr

City: Middletown

State: Ohio
Zip: 45044
County: Butler
Title/Position: Trustee

Average Weekly Hours: .4
Compensation: \$0.00

First Name: Stu Last Name: Locke

Country: United States

Address Line 1: 4710 Timbertrail Dr

City: Middletown

State: Ohio
Zip: 45044
County: Butler
Title/Position: Trustee

Average Weekly Hours: .4

Compensation: \$0.00

First Name: Tal

Last Name: Moon

Country: United States

Address Line 1: 4710 Timbertrail Dr

City: Middletown

State: Ohio
Zip: 45044
County: Butler
Title/Position: Trustee

Average Weekly Hours: .4

Compensation: \$0.00

First Name: Jan

Last Name: Sutcliffe-Brown
Country: United States

Address Line 1: 4710 Timbertrail Dr

City: Middletown

State: Ohio Zip: 45044 County: Butler

Title/Position: Executive Director

Average Weekly Hours: 90,098 Compensation: \$40.00

Board meetings in last fiscal year: 6
Conflict of interest policy? Yes
Was organization Audited this year? Yes

Step 5 Details -

DBA names

Coventurers and specific terms

Step 6 Details -

- Section 1

Is primary office in Ohio? Yes

Primary business address:

Form of the charitable organization:

- Section 2

Chapters

- Section 3

Financial records custodian

- Section 4

Schedule of activity description:

Charitable Purpose:

When will solicitation be conducted:

Ohio counties where solicitation will be conducted:

- Section 5

Custodian of contributions Custodian of distributions Agencies

- Section 6

Organization enjoined?

Organization registration or authority denied / suspended / revoked / enjoined?

Organization had voluntary agreement with government authority?

Organization received cease and desist order?

Explanation

- Section 7

Amount by Ohio residents in the preceding fiscal year including Bingo proceeds:

Amount of distribution to ohio residents for national / out of ohio organizations:

Amount of gross bingo proceeds generated in State of Ohio:

Charitable purpose for previous year contributions used:

Office of Ohio Attorney General Dave Yost CharitableRegistration@OhioAGO.gov | 800-282-0515

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Menu

To Do List

Add Organization

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Request Exemption

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Submit Fees

Organization: Abilities First Foundation, Inc. EIN: 31-0620685

The trust registration or financial filing fee amount is based upon the assets held at year end. The term "assets" refers to the total value of the trust's assets which are irrevocably devoted to charitable purposes at the end of the taxable year end.

Value of Assets: \$ 1887477.00

	Assets	Fee
\circ	Less than \$25,000	\$0.00
0	\$25,000 or more but less than \$100,000	\$50.00
0	\$100,000 or more but less than \$500,000	\$100.00
	\$500,000 or more	\$200.00

Trust Fee: \$ 200.00

Starting October 1st, 2021, you will need to use one of the web browser versions listed below in order to be able to pay online:

Internet Explorer 11 or newer Microsoft Edge (all versions) Mozilla Firefox 27 or newer Google Chrome 29 or newer Safari 7 or newer

Pay by e-check
Pay by credit card