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EXTENDED TO NOVEMBER 16, 2020

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning , and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization ( Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

95-1690983

B Exempt under section X 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

ABILITYFIRST

Number, street, and room or suite no. If a P.O. box, see instructions.

1300 EAST GREEN STREET

City or town, state or province, country, and ZIP or foreign postal code

PASADENA, CA 91106-2606

531120

C Book value of all assets at end of year 80,245,689.

F Group exemption number (See instructions.)

G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here SEE STATEMENT 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

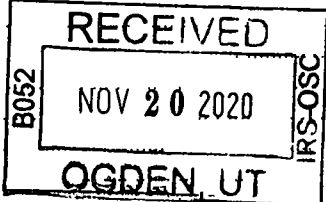
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of KASHIF KHAN Telephone number 626-316-7903

Table with 5 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Gross receipts or sales (10,488), Cost of goods sold (7,283), Total (434,012).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

Table with 5 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Compensation of officers (39,994), Depreciation (100,064), Total deductions (200,851), Unrelated business taxable income before net operating loss deduction (-53,941).



SEE STATEMENT 2

SCANNED JAN 19 2021

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Rows include Total of unrelated business taxable income computed from all unrelated trades or businesses (-53,941), Charitable contributions (0), Total unrelated business taxable income before pre 2018 NOLs and specific deduction (-53,941), Deduction for net operating loss arising in tax years beginning before January 1, 2018 (0), Total of unrelated business taxable income before specific deduction (-53,941), Specific deduction (1,000), and Unrelated business taxable income (-53,941).

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows include Organizations Taxable as Corporations (0), Trusts Taxable at Trust Rates (0), Proxy tax (0), Alternative minimum tax (0), Tax on Noncompliant Facility Income (0), and Total (0).

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows include Foreign tax credit (0), Other credits (0), General business credit (0), Credit for prior year minimum tax (0), Total credits (0), Subtract line 46e from line 45 (0), Other taxes (0), Total tax (0), 2019 net 965 tax liability paid (0), Payments (4,760), Total payments (4,760), Estimated tax penalty (0), Tax due (0), Overpayment (4,760), and Enter the amount of line 55 you want credited to 2020 estimated tax (4,760).

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No. Rows include At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (0), During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? (X), and Enter the amount of tax-exempt interest received or accrued during the tax year (\$).



Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Preparation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: LIZBETH G. NEVAREZ, Date: 11-16-20, Title: CFO. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Preparer information section including Print/Type preparer's name (LIZBETH G. NEVAREZ), Preparer's signature, Date, Title, Check self-employed, PTIN (P01399868), Firm's name (GREEN HASSON & JANKS LLP), Firm's EIN (95-1777440), Firm's address (10990 WILSHIRE BLVD., 16TH FLOOR, LOS ANGELES, CA 90024-3929), and Phone no (310) 873-1600.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **▶ COST**

1	Inventory at beginning of year	1	5,993.	6	Inventory at end of year	6	4,316.
2	Purchases	2	11,949.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	7,283.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule) **	4b	-6,343.				X
5	Total. Add lines 1 through 4b	5	11,599.				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

- (1) **CAMP PAIVIKA**
- (2) **CLAREMONT CENTER**
- (3) **LONG BEACH CENTER**
- (4) **HARRY A. MIER CENTER**

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)	330,001.	
(2)	14,850.	
(3)	21,850.	
(4)	64,106.	
Total	0.	Total 430,807.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
		430,807.
		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

\*\* SEE STATEMENT 4

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 8 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
			0.	0.	

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25
		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)	<b>SEE STATEMENT 5</b>	%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			<b>39,993.</b>

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

LEASE OF NON-RESIDENTIAL FACILITIES AND SALE OF MERCHANDISE AT THE CAMP SITE  
 TO FORM 990-T, PAGE 1

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
PROGRAM SUPPLIES	70,182.
EQUIPMENT MAINTENANCE	118.
BUILDING OCCUPANCY	130,551.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	200,851.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/14	35,217.	35,217.	0.	0.
06/30/15	59,678.	18,070.	41,608.	41,608.
12/31/16	34,040.	0.	34,040.	34,040.
12/31/17	50,927.	0.	50,927.	50,927.
NOL CARRYOVER AVAILABLE THIS YEAR			126,575.	126,575.

FORM 990-T COST OF GOODS SOLD - OTHER COSTS STATEMENT 4

DESCRIPTION	AMOUNT
LOSS ON VALUE/DONATED	-6,343.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	-6,343.

FORM 990-T

SCHEDULE K - COMPENSATION OF OFFICERS,  
DIRECTORS AND TRUSTEES

STATEMENT 5

NAME	TITLE	PERCENT	COMPENSATION
K. KUNSEK	CAMP DIRECTOR- CAMP PAIVIKA CENTER	15.00%	12,449.
A. STOVER	DIRECTOR-LONG BEACH CENTER	13.00%	10,636.
J. MARTIN	CENTER DIRECTOR- CLAREMONT CENTER	15.00%	10,523.
J. LIM	CENTER DIRECTOR HARRY A. MIER CENTER	10.00%	6,385.
TOTAL TO FORM 990-T, SCHEDULE K			39,993.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-T PAGE 1

990-T

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	CAMP PAIVIKA BUILDING & EQUIPMENT	01/01/09	SL	.000		16	6,663,160.				5,663,160.	553,887.		77,501.	631,388.
	LONG BEACH CTR	01/01/09	SL	.000		16	2,601,786.				2,601,786.	49,409.		7,343.	56,752.
	CLAREMONT	01/01/09	SL	.000		16	1,787,797.				1,787,797.	29,746.		4,520.	34,266.
	HARRY A. NIER	01/01/14	SL	.000		16	3,893,260.				3,893,260.	50,526.		10,700.	61,226.
	* TOTAL 990-T PG 1 DEPR						14946003.				14946003.	683,568.		100,064.	783,632.

928111 04-01-19

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



**Depreciation and Amortization**  
(Including Information on Listed Property) 990-T

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

ABILITYFIRST

FORM 990-T PAGE 1

95-1690983

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	1,020,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	100,064.

**Part III MACRS Depreciation (Don't include listed property See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs		S/L	
h	Residential rental property	/	27.5 yrs	MM	S/L	
i	Nonresidential real property	/	39 yrs	MM	S/L	
		/		MM	S/L	

**Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	30-year	/	30 yrs	MM	S/L	
d	40-year	/	40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	100,064.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 10 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.