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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2023	
Open to Public Inspection	

<u> </u>	01 111	e 2023 Calendar year, or tax year beginning	chang	_		
	Nebsite: WRW.ABILITYFRST.ORG New programmation Trust Association Other L Year of formation: 1926 M State of legal domicile; CA					
		ABILITYFIRST				
	Name chang	Doing business as		95-16909	83	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•	
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			L Year	of formation: 1920 N	1 State of legal domicile; CA	
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ø	1	Briefly describe the organization's mission or most significant activities: HELP HELP	CHILD	HEN & ADOLTS	OMENIME AT	
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es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)				
ξ	6	Total number of volunteers (estimate if necessary)		6		
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	431,861.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.	
ø.	8	Contributions and grants (Part VIII, line 1h)		2,748,143.	6,501,273.	
ž	9	Program service revenue (Part VIII, line 2g)		9,486,071.	9,684,734.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		829,595.	1,801,069.	
ď	I			613,114.	622,488.	
	I			13,676,923.	18,609,564.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
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w	15			12,854,158.	13,682,991.	
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Ж	17			5.392.168.	5,629,725.	
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ıvıay	tne II	15 discuss this return with the preparer shown above? See instructions				

1 Briefly describe the organizations reproduced by the transport of the property of the proper	. u.	Check if Schedule O contains a response or note to any line in this Part III
ABILITYFIRST PROVIDES A VARIETY OF PROGRAMS DESIGNED TO HELP CHILDREN AND ADULTS WITH DISABILITIES ACHIEVE THEIR PRESONAL BEST THROUGHOUT THEIR LIVES. OUR PERSON-CENTERED PROGRAMS ARE GROUNDED IN INDIVIDUAL CHOICE, AUTONOMY, AND COMMUNITY PARTICIPATION. 2 Did the organization undertake any significant program services during the year which wave not listed on the prior form 990 or 990 E27 Yes		<u> </u>
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THEIR LIVES. OUR PERSON-CENTERED PROGRAMS ARE GROUNDED IN INDIVIDUAL CHOICE, AUTONOMY, AND COMMUNITY PARTICIPATION. Did the organization undertake any significant program services during the year which were not listed on the price form \$90 or \$90 ct?		
CHOICE, AUTONOMY, AND COMMUNITY PARTICIPATION. Did the organization undertake any significant program services during the year which were not listed on the prior form 1800 or 180627. Yes [X] No if "Yes," describe these new services on Schedule O. Wes," describe these new services on Schedule O. Wes," describe these new services are complishments for each of its three largest program services; Yes [X] No if "Yes," describe these changes on Schedule O. Wes," describe the program services, as measured by expenses, section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if my, for each program service reported. O. West, for the services of the servi		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-E27		
prior Form 980 or 880 c27 If Yes, 'describe these new services on Schedule O. Did the organization ceases conducting, or make significant changes in how it conducts, any program services? If Yes, 'describe these new services on Schedule O. If Yes, 'describe these changes on Schedule O. Person of the organization's program service reported to report the amount of grants and allocations to others, the total expenses. Section 901(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 901(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 901(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 901(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. ABILITY REST OPERATES FIVE COMMUNITY CENTERS IN LOS ANGELES COUNTY, SERVING 1, 237 CRILDREN AND ADULTS. OUR PERSON-CENTERED PROGRAMS: EMPOWER INDIVIDUALS WITH DEVELOPMENTAL DISABILITES TO DISCOVER WHAT IS IMPORTANT TO THEM IN THEIR LIVES, AND TO DEVELOP THE SKILLS THAT ARE IMPORTANT FOR THEM TO ACHIEVE THEIR GOALS. PROGRAMS INCLUDE AFTERSCHOOL AND SUMMER DAY CAMP PROGRAMS FOR SCHOOL-AGED YOUTH, ADULT DAY AND SOCIAL RECREATION PROGRAMS; AND COMMUNITY AQUATICS. 40 (Code)	2	
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3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		
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95-1690983 Page **3**

Form 990 (2023) ABILITYFIRST 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? See instructions	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		<u> X</u>
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
10		10	Х	
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	21	
11				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a		
р	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		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l		.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_ _		
.5	,	19		х
202	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X

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Part IV	Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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		X
	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		
	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		<u> </u>
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			
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete			
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			
	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 on Schedule O for Part VI, lines 11b and 19?		_	
D -	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
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 on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	Х	

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Part 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	430			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	າຣ?		2b	X	
За				За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of	0		3b	X	
4a	for the calendary year ending with or within the year covered by this return also cleast one is reported on line 2a, did the organization file all required federal employment tax returns? 2b. he organization have unrelated business gross income of \$1,000 or more during the year? 3a. se, "has it filed a Form 990" for this year? If "No" to line 3b, provide an explanation on Schedule O. 3b. y time during the calendary year, did the organization have an interest in, or a signature or other authority over, a solial account in a foreign country (such as a bank account, securities account, or other innancial account)? 4a. se, "enter the name of the foreign country instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), the organization appropriate of the organization and the organization are provided to a provided and any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a. any taxable party to thirty the organization that it was or is a party to a prohibited tax shelter transaction is a party to a prohibited tax shelter transaction? 5b. set to line 5a or 5b, did the organization file from 888617? 5c. the organization and have annual gross receipts that are normally greater than \$100,000, and did the organization solicit contributions that were not tax deductible as charitable contributions? 5c. indicate the organization include with every solicitation an express statement that such contributions or gifts on tax deductible? 5c. indicates the may receive deductible contributions under section 170(c). 5c. the organization include with every solicitation and express statement that such contributions or gifts on tax deductible? 5c. indicate the number of Forms 8282 filed during the year 5c. indicate the number of Forms 8282 filed during the year 5c. indicate the number of Forms 8282 filed during the year 5c. organization received a contribution of cars, boats, airplanes, or other vehicles, did th					
	financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, or other financial account, securities account, or other financial account.	ccour	nt)?	4a		Х
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 Ac	coun	ts (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	tion?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a						
	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 o	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 service.	vices p	rovided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s req	uired			
	to file Form 8282?	1		7с		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	ntrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	e a Form 1098-C?	7h		
8		by th	e			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
a						
b				9b		
10	` ` ` ` •		1			
а						
b		106	1			
11		۔ ما	1			
a	Gross income from members or snareholders	11a				
b		441.				
10-	/		<u> </u>	10-		
			<u> </u>	ıza		
13	· · · · · · · · · · · · · · · · · · ·	IZD	1			
а				132		
u	•			100		
b	·					
-	· · · · · · · · · · · · · · · · · · ·	13b	1			
С						
14a			•	14a		Х
15						
·				15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			_		
16		incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17		ivities	s			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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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					X						
Sec	tion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18									
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1								
_	officer, director, trustee, or key employee?											
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
Ū			•	3		x						
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
5	Did the organization become aware during the year of a significant diversion of the organization's asset			<u>4</u> 5		X						
6	5.11			6		X						
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or app			۰								
1 a	more members of the governing body?			7a		x						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			1a								
b			•	7b		x						
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			76		- 25						
8		-	-	0-	Х							
a	The governing body?			8a	X	_						
a	Each committee with authority to act on behalf of the governing body?			8b	Λ	<u> </u>						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x						
Sec	organization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule O</i>			9		Λ						
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>renue</u>	Code.)		V	L N.						
40-	Did the amonitation have lead about on burnahas an efficience			40-	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?			10a								
D	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics are acceptable and procedures governing the activities of such characteristics are acceptable and procedures governing the activities of such characteristics are acceptable and procedures governing the activities of such characteristics.	•	•	10b								
44-			o filing the form?	11a	Х							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	peloi	e illing the form?	Ha	- 22							
b 100	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "YA			120	- 25	_						
С		,		12c	Х							
12	on Schedule O how this was done			13	X							
13	Did the organization have a written whistleblower policy?			14	X	_						
14	Did the organization have a written document retention and destruction policy?			14	- 22							
15	Did the process for determining compensation of the following persons include a review and approval	by in	aependent									
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	Х							
a	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>						
b	Other officers or key employees of the organization			15b	Λ							
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	ont	ith o									
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements and the active decision the second of the se			40-		х						
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			16a								
D			•									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			401								
Sac	exempt status with respect to such arrangements? tion C. Disclosure			16b								
17 10		4 000	T (acation 501(a)(2)	, anlı ıl	ovoilol							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	น ฮฮบ	1 (260:1011 2011(0)(3)	orny)	avalidi	JIE .						
	for public inspection. Indicate how you made these available. Check all that apply. X Own website		h									
40	X Own website Another's website X Upon request Other (explain			I f i.~	امند							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	IIIICT C	i interest policy, and	i iinand	Jial							
00	statements available to the public during the tax year.	l.= -	l									
20	State the name, address, and telephone number of the person who possesses the organization's book KASHIF KHAN $-626-316-7903$	ks and	records									
	789 NORTH FAIR OAKS, PASADENA, CA 91103											
	10) NORIH PAIR OARD, FADADENA, CA JIIUJ											

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck	c) ition more rson i		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LORI GANGEMI	40.00	1						220 000	•	15 060
CHIEF EXECUTIVE OFFICER	40.00		_	Х		┝		330,998.	0.	15,968.
(2) KERI CASTANEDA	40.00	4						000 405	•	10 604
CHIEF OPERATING OFFICER	40.00			Х		┝		228,405.	0.	12,694.
(3) KASHIF KHAN	40.00	4						007 745	0	7 245
CHIEF FINANCIAL OFFICER	40.00	<u> </u>		Х		_		227,745.	0.	7,345.
(4) ISIS MCDONALD	40.00	4						105 040	0	0 505
SR. DIRECTOR OF BUSINESS SERVICES	40.00	<u> </u>				X		125,040.	0.	9,595.
(5) REBECCA HAUSSLING	40.00	-				,,		107 017	0	2 647
SR. DIRECTOR OF COMMUNICATIONS & PR	40.00					X		127,917.	0.	3,647.
(6) KELLY PRIVITT	40.00	-				,,		105 267	0	4 404
PROGRAM DIRECTOR	40.00		_			X		125,367.	0.	4,404.
(7) LAURA BECK	40.00	1				7.		112 724	0	11 070
HR DIRECTOR	40.00					X		113,734.	0.	11,070.
(8) APRIL STOVER SR DIRECTOR OF PROGRAMS	40.00	-				x		115 125	0.	0 220
(9) COURTNEY JURADO	40.00		\vdash			┢		115,135.	0.	9,238.
CHIEF DEVELOPMENT OFFICER	40.00	1		х				110,675.	0.	5,645.
(10) DAVID SAETA	1.00			^		\vdash		110,075.	0.	3,043.
CHAIR	1.00	Х		Х				0.	0.	0.
(11) RANDALL REPP	1.00	^	\vdash	^		┢		0.	0.	<u></u>
TREASURER	1.00	х		Х				0.	0.	0.
(12) KATHRYN SANDERS PLATNICK	1.00					\vdash			•	•
VICE CHAIR	1.00	х		х				0.	0.	0.
(13) WILLIAM CRAIG	1.00								•	
SECRETARY		х		х				0.	0.	0.
(14) WILLIAN JOHNSON	1.00	1				\vdash			•	
MEMBER AT LARGE		Х						0.	0.	0.
(15) WENDY LEES	1.00									
DIRECTOR		Х						0.	0.	0.
(16) STEVE BROCKMEYER	1.00	1								
DIRECTOR		Х						0.	0.	0.
(17) MIKE DOKMANOVICH	1.00									
DIRECTOR		Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per		not cl		more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	altru	onal t		loyee	comp		1099-NEC)		and related
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) RICHARD R. FRANK	1.00	=	-	0	×	王壱	Œ			
DIRECTOR		Х						0.	0.	0.
(19) LAUREN HOM	1.00									
DIRECTOR		Х						0.	0.	0.
(20) JOHN KELLY	1.00									
DIRECTOR		Х						0.	0.	0.
(21) MARY J. SPELLMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(22) MALCOLM CORONEL	1.00									
DIRECTOR		X						0.	0.	0.
(23) HARLAN THOMPSON	1.00									
DIRECTOR		Х						0.	0.	0.
(24) NEVIN STANTON TREHAN	1.00									
DIRECTOR		Х						0.	0.	0.
(25) JOSEPH BRUMFIELD	1.00									
DIRECTOR		Х						0.	0.	0.
(26) ANITA LAWLER	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								1,505,016.	0.	79,606.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								1,505,016.	0.	79,606.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	4.0
compensation from the organization										13
										Yes No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SAM NOWAK & SONS CONSTRUCTION CO 380 N PALM ST. STE E, BREA, CA 92821	GENERAL CONSTRUCTION	109,135.
2 Total number of independent contractors (including but not limited to those listed	l above) who received more than	

Form 990 (2023)

20501112 758461 4326.T

Form 990 ABILITYFIRST 95-1690983

	IRST								95-169	
Form 990 ABILITYF. Part VII Section A. Officers, Directors, True	ustees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(c		Pos	ition that		lνλ	Reportable	Reportable	Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) FRANCISCO NAVARRO	1.00									
DIRECTOR		Х						0.	0.	0
		4	ı	l	1	ı	1	I		

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ABILITYFIRST

Form 990 (2023) ABILITY
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1 :	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b	22,295.				
يَ ق		c Fundraising events 1c	870,370.				
ifts		d Related organizations 1d	,				
nila		e Government grants (contributions)	3,105,300.				
Sir		f All other contributions, gifts, grants, and	, ,				
uti Je		similar amounts not included above	2,503,308.				
QË OE		g Noncash contributions included in lines 1a-1f	104,338.				
on Pud		h Total. Add lines 1a-1f		6,501,273.			
<u> </u>		1 Total Add lines ta 11	Business Code	7			
	2 :	a COMMUNITY PROGRAMS FEES	900099	5,232,333.	5,232,333.		
Şi	_	COMMUNITY CENTERS FEES	900099	4,092,079.	4,092,079.		
Ser		CAMPING SERVICE FEES	900099	360,322.	360,322.		
m S	Ì	d		***,****			
gra Re		e					
Program Service Revenue		All other program service revenue					
_		g Total. Add lines 2a-2f		9,684,734.			
	3	Investment income (including dividends, intere		2,222,222			
	3			1,770,144.			1770144.
	4	other similar amounts)					
	5	Royalties					
	J	(i) Real	(ii) Personal				
	6	a Gross rents 6a 524,982.	(1) 1 01001141				
		b Less: rental expenses 6b 0.					
		c Rental income or (loss) 6c 524,982.					
		d Net rental income or (loss)		524,982.		421,998.	102,984.
		a Gross amount from sales of (i) Securities	(ii) Other	, , , ,			, ,
	•	assets other than inventory 7a	30,925.				
		b Less: cost or other basis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ø		and sales expenses 7b	0.				
nue		Gain or (loss)	30,925.				
Seve		d Net gain or (loss)	· · · · · ·	30,925.			30,925.
her Revenue		a Gross income from fundraising events (not		, -			,
ğ		including \$ 870,370. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	103,952.				
		b Less: direct expenses 8b	230,966.				
		Net income or (loss) from fundraising events	, , , , , , , , , , , , , , , , , , , ,	-127,014.			-127,014.
		a Gross income from gaming activities. See		,			
		Part IV, line 19 <u>9a</u>	6,814.				
		b Less: direct expenses 9b	0.				
		Net income or (loss) from gaming activities		6,814.			6,814.
		a Gross sales of inventory, less returns		,			,
		and allowances 10a	976,482.				
		b Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	•	172,754.	162,891.	9,863.	
		, ,	Business Code				
Miscellaneous Revenue	11 :	oTHER INCOME	900099	24,528.			24,528.
ine Due	ı	FREIGHT REVENUE	900099	20,424.			20,424.
ella		· · · · · · · · · · · · · · · · · · ·		-			
SS B		d All other revenue					
2	_ (e Total. Add lines 11a-11d		44,952.			
	12	Total revenue. See instructions		18,609,564.	9,847,625.	431,861.	1828805.

332009 12-21-23

Form 990 (2023) ABILITYFIRST Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in t	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		<u>.</u>
	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	939,475.	760,560.	121,722.	57,193
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	10 540 001	0.600.000	1 252 245	674 004
7	Other salaries and wages	10,742,001.	8,687,972.	1,379,945.	674,084
8	Pension plan accruals and contributions (include	116 506	06 336	17 075	0 205
	section 401(k) and 403(b) employer contributions)	116,596.	96,336.	17,875.	2,385
9	Other employee benefits	1,043,409.	862,100.	159,964.	21,345
10	Payroll taxes	841,510.	700,585.	93,302.	47,623
11	Fees for services (nonemployees):				
a	Management	6 005		6 005	
b	Legal	6,825.		6,825.	
C	Accounting	110,940.		110,940.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	66,757.		66,757.	
f	Investment management fees	00,757.		00,757.	
g	Other. (If line 11g amount exceeds 10% of line 25,	323,983.	218,885.	72,758.	32,340
40	column (A), amount, list line 11g expenses on Sch 0.)	323,303.	210,003.	12,130.	32,340
12 13	Advertising and promotion	269,889.	160,559.	80,898.	28,432
13 14	Office expenses Information technology	793,335.	323,687.	364,931.	104,717
15	Royalties	73373331	32370071	301/3310	101,717
16	Occupancy	1,262,799.	1,056,725.	205,989.	85
17	Travel	357,822.	273,525.	83,069.	1,228
18	Payments of travel or entertainment expenses	30.,022.		00,0001	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,826.	3,111.	4,241.	474
20	Interest	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,===:		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	953,395.	859,964.	93,431.	
23	Insurance	352,369.	294,866.	57,479.	24
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.)				
а	PROGRAM SUPPLIES	349,925.	349,925.		
b	EQUIP. LEASE & MAINT.	337,981.	255,970.	78,486.	3,525
С	OTHER PERSONNEL COSTS	259,821.	173,338.	86,330.	153
d	RENT SUBSIDY	50,227.	50,227.		
е	All other expenses	119,831.	39,611.	67,093.	13,127
25	Total functional expenses. Add lines 1 through 24e	19,312,716.	15,167,946.	3,158,035.	986,735
26	Joint costs. Complete this line only if the organization				
	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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Form 990 (2023)
Part X Balance Sheet

Pal	rt X	Balance Sneet				
		Check if Schedule O contains a response or note to any	line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,099,403.	1	1,963,520	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	596,667.	3	383,736	
	4	Accounts receivable, net		1,305,798.	4	1,393,195
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial co				
		controlled entity or family member of any of these person			5	
	6	Loans and other receivables from other disqualified pers				
		under section 4958(f)(1)), and persons described in sect	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		328,230.	8	320,781
As	9	5		124,484.	9	137,318
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	37,802,274.			
	b		11,796,619.	26,230,816.	10c	26,005,655
	11	Investments - publicly traded securities		56,917,311.	11	63,241,540
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	4,889,807.	15	5,146,898	
	16	Total assets. Add lines 1 through 15 (must equal line 3	3)	91,492,516.	16	98,592,643
	17	Accounts payable and accrued expenses	2,258,429.	17	2,249,218	
	18	Grants payable		18		
	19	Deferred revenue		2,500.	19	13,003
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	of Schedule D		21	
Se	22	Loans and other payables to any current or former office	er, director,			
Ě		trustee, key employee, creator or founder, substantial co				
Liabilities		controlled entity or family member of any of these person	·····		22	
_	23	Secured mortgages and notes payable to unrelated thir	· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated third p			24	
	25	Other liabilities (including federal income tax, payables t				
		parties, and other liabilities not included on lines 17-24).	Complete Part X			
		of Schedule D		0.060.000	25	0.060.001
	26	Total liabilities. Add lines 17 through 25		2,260,929.	26	2,262,221
G		Organizations that follow FASB ASC 958, check here	· X			
č		and complete lines 27, 28, 32, and 33.		CO 052 011		70 010 600
<u>aa</u>	27			68,253,911.	27	72,819,682
Ä	28	Net assets with donor restrictions		20,977,676.	28	23,510,740
Ĕ		Organizations that do not follow FASB ASC 958, che	ck here			
Ϋ́		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipmen			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, c		00 001 007	31	06 220 400
Š	32	Total net assets or fund balances		89,231,587.	32	96,330,422
	33	Total liabilities and net assets/fund balances		91,492,516.	33	98,592,643

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,3	12,7 03,1	
3					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	89,2		
5	Net unrealized gains (losses) on investments	5	7,7	54,4	82.
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	,	37,5	05.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	96,3	30,4	22.
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 on Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2t	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		38	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	,	
			For	m 990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

O or Form 990-EZ.

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

ZUZJOpen to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	ABILITYFIRST 95-1690983				5-1690983					
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.		
Γhe	organ	nization is not a private found								
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 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	or operate	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	: II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	1
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investmer	nt
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11	Щ	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).			
12		An organization organized a	•	•	-			-		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 5	509(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.		
а			· · · · · · · · · · · · · · · · · · ·	•		_			-	
		the supported organization		• • • •	majority o	of the direc	tors or trustee	es of the su	ıpporting	
		organization. You must o	-							
b			•				-	• • •	-	
		control or management o			ame perso	ns that co	ntrol or manaç	ge the supp	ported	
		organization(s). You mus								
С			-					ly integrate	ed with,	
		its supported organization		·						
d		☐ Type III non-functionally	= ::					-	* *	
		that is not functionally int	-	* .	•		-	an attentiv	/eness	
_		requirement (see instructi	•	-				I. Tupo III		
е		Check this box if the orga functionally integrated, or					Type I, Type I	i, type iii		
f	Ente	er the number of supported of			ig organiz	ation.				
g		vide the following information	•	d organization(s).						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of othe	r
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instruction	ns)
				,						

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4867411.	15712742.	5614197.	2748143.	6501273.	35443766.
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	4867411.	15712742.	5614197.	2748143.	6501273.	35443766.
	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)						3378224.
6	Public support. Subtract line 5 from line 4.						32065542.
	ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4		15712742.	5614197.	2748143.	6501273	35443766.
	Gross income from interest,	10071111	13/12/12	3011137	27101131	03012730	331137001
O	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1530318.	1486580.	1940624	1531894.	2295126	8784542.
0	Net income from unrelated business	1330310.	1400300.	1340024.	1331034.	22331200	07013121
9							
	activities, whether or not the	8,326.	4,071.	5,140.	2,620.	3,215.	23,372.
40	business is regularly carried on	0,320.	±,0/1•	3,140.	2,020.	3,213.	25,512.
10	Other income. Do not include gain						
	or loss from the sale of capital	6,275.	117,403.	91,286.	34,871.	44 052	294,787.
	assets (Explain in Part VI.)	0,275.	117,403.	91,200.	34,071.		44546467.
	Total support. Add lines 7 through 10	-1- /					,798,737.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, 130, 131.
13	First 5 years. If the Form 990 is for th	•		•		. , . ,	
800	organization, check this box and stop			• • • • • • • • • • • • • • • • • • • •			
	•			. (6)		44	71.98 %
	Public support percentage for 2023 (li					14	D 1 D 2
	Public support percentage from 2022					15	
16a	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies as a publicly supported organization X						
b	33 1/3% support test - 2022. If the c	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	ū					•
	and if the organization meets the facts			-	•	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		(Form 990) 2023

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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.

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- 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")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in 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
ı	1		
	2		
-	20		
	3a		
-	3b		
ı	OD		
ı	3с		
ı			
	4a		
	4b		
ı	4c		
	5a		
-			
ŀ	5b		
•	5c		
	6		
	7		
Ì			
ı	8		
	9a		
	9b		
ŀ	30		
	9с		
	10a		
_	10b		
مار	A (Forn	n aan)	2023

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ı a	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	4.4		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	Ton 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		163	NO
•	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			
<u></u>	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 on 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			
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	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	Ju		
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e 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):			
a	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-functional	ılly integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions		•	ĺ	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	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.	ovide details in a size a sign		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
•	(provide details in Part VI). See instructions.	10 organization to responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10	Line o amount divided by line o amount	(i)	(ii)	10	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ıs	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u>e</u>	Excess from 2023				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

ABILITYFIRST

Employer identification number

95-1690983

Organiza	Organization type (check one):					
Filers of	:	Section:				
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.				
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering a instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$				
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 grequirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

ABILITYFIRST

95-1690983

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$,570.	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		s250,000.	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, audiess, and ZiF + +	\$	Person 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization Employer identification number

ABILITYFIRST 95-1690983

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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
		\$	

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** ABILITYFIRST 95-1690983 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Inspection

Name of the organization

ABILITYFIRST

Employer identification number 95-1690983

organization answered "Yes" on Form 990, Part IV, line 6.	
	and other accounts
	and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
A 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 writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	163 110
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area
Protection of natural habitat Preservation of a certified histori	ric 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	
day of the tax year.	eld at the End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included on line 2a	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	ring the tax
year	
Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easemer	—
Countries voluntees needed to membering, inepecting, nationing of violatione, and embedding content catediner	ones danning this year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements du	during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar As	Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	olic
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	service,
provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 	
	chedule D (Form 990) 2023

Pa	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Other S	Similar <i>A</i>	ssets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the fo	ollowing that i	make sigr	nificant use	of its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exch	nange prograr	m				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further the	e organizatior	n's exemp	t purpose	in Part	XIII.	
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	ures, or other	similar as	ssets			
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	lection?				Yes	☐ No
Pa	rt IV Escrow and Custodial Arrang	gements Complet	e if the organization	answered "Y	es" on Fo	orm 990, Pa	art IV, li	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an, or other intermed	iary for contributions	s or other ass	ets not in	cluded			
	on Form 990, Part X?						\square	Yes	O No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					?	🗀	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been p	orovided in Pa	art XIII				
Pa	Trick to the complete if the complete if	the organization ans	wered "Yes" on Forr	m 990, Part IV	/, line 10.				
		(a) Current year	(b) Prior year	(c) Two years	back (c	d) Three yea	rs back	(e) Four ye	ears back
1a	Beginning of year balance	15,653,902.	20,178,049.	18,451	,192.	16,142	,219.	13,4	55,157.
b	Contributions					129	,058.		
С	Net investment earnings, gains, and losses	2,626,524.	-3,539,443.	2,707	,007.	2,214	,748.	2,9	98,062.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	573,670.	984,704.	980	,150.	34	,833.	3	11,000.
f	Administrative expenses								
g	End of year balance	17,706,756.	15,653,902.	20,178	,049.	18,451	,192.	16,1	42,219.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a))	held as:					
а	Board designated or quasi-endowment	.0000	%						
b	Permanent endowment 74.7100	%	_						
С	Term endowment 25.2900	%							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administere	d for the				
	organization by:							Υ	es No
	(i) Unrelated organizations?							3a(i)	X
	(ii) Related organizations?							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		vment funds.						
Pa	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	l "Yes" on Form 990,	, Part IV, line 11a. Se	ee Form 990,	Part X, lir	ne 10.			
	Description of property	(a) Cost or ot basis (investm	• •	I .	` '	cumulated eciation		(d) Book v	/alue
	Land	· `		2,572.				7,002	.572.
b	Buildings	I		3,263.	9.66	65,812		6,347	
c	Leasehold improvements			, = , - ,	- , -	,	<u> </u>	· , · ,	, = = = -
d	Equipment		4.60	9,084.	2.13	30,807	7.	2,478	.277.
e				7,355.	,	.,			,355.
	I. Add lines 1a through 1e. (Column (d) must ed		•				2	6,005	

Schedule D (Form 990) 2023

Schedule [) (Form 990) 2023 ABILITYFIRS	ST	95	-1690983 Page 3
Part VII	Investments - Other Securities			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financ	ial derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col.	(b) must equal Form 990, Part X, line 12, col. (B))			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
-	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
	ECURITY AND INSURANCE DE			18,951.
	ENEFICIAL INTERESTS IN P			4,489,361.
(3) B	ENEFICIAL INTERESTS IN C	HARITABLE REMA	AINDER TRUSTS	638,586.
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				F 146 000
	umn (b) must equal Form 990, Part X, line 15, co	ol. (B))		5,146,898.
Part X	Other Liabilities			
-	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
<u>1.</u>	(a) Description of liability			(b) Book value
(1) Fe	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(0)				

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

Schedule D (Form 990) 2023

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

Par	t XI Reconciliation of Revenue per Audited Financial Stater		n Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		1	
1	Total revenue, gains, and other support per audited financial statements			1	26,678,740.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	E EC4 400		
а	Net unrealized gains (losses) on investments		7,764,482.		
b	Donated services and use of facilities		48,000.		
С	Recoveries of prior year grants		202 454		
d	Other (Describe in Part XIII.)	2d	323,451.		0 105 000
е	Add lines 2a through 2d			2e	8,135,933.
3	Subtract line 2e from line 1			3	18,542,807.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	66 757		
a	Investment expenses not included on Form 990, Part VIII, line 7b		66,757.		
b	Other (Describe in Part XIII.)				66 757
_	Add lines 4a and 4b			4c	66,757. 18,609,564.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial State	ments Wit	h Fynansas nar F	5 Patur	10,009,304 <u>.</u> n
I a	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		iii Expenses per i	ıcıuı	''
_				1	19,579,905.
1	Total expenses and losses per audited financial statements			1	19,519,905
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	48,000.		
a	Donated services and use of facilities		40,000.		
b	Prior year adjustments	1 _ 1		-	
C C	Other losses		285,946.	-	
d	Other (Describe in Part XIII.)		•	2e	333,946.
е 3	Add lines 2a through 2d Subtract line 2a from line 1			3	19,245,959.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			j	13/213/3330
а	Investment expenses not included on Form 990, Part VIII, line 7b	42	66,757.		
b	Other (Describe in Part XIII.)		00,10,1	-	
	Add lines 4a and 4b			4c	66.757.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	66,757. 19,312,716.
	rt XIII Supplemental Information				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV. lines 1	b and 2b: Part V. line 4	: Part	X. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			,	, , , , , ,
PAF	RT V, LINE 4:				
AB]	LITYFIRST'S ENDOWMENTS CONSIST OF FUNDS	ESTABLI	SHED FOR A	VAR	IETY OF
PUF	RPOSES. ENDOWMENT FUNDS ARE ESTABLISHED B	Y DONOF	R-RESTRICTED	GI	FTS TO
PRO	OVIDE A PERMANENT ENDOWMENT, WHICH IS TO	PROVIDE	E A PERMANEN	T S	OURCE OF
INC	COME TO ABILITYFIRST.				
PAI	RT X, LINE 2:				
AB]	LITYFIRST RECOGNIZES THE IMPACT OF TAX P	OSITION	<u>IS IN THE FI</u>	NAN	CIAL
ST	ATEMENTS IF THAT POSITION IS MORE LIKELY	THAN NO	OT TO BE SUS	TAI	NED ON
 -	NTM	D02===		m	
AUI	OIT, BASED ON THE TECHNICAL MERITS OF THE	POSITI	LON. DURING	THE	YEAR
	NED DEGENORD 21 0000 IDIT TOWNS	DMED 35			INIOEDE2
ENI	DED DECEMBER 31, 2023, ABILITYFIRST PERFO	KMED AN	N EVALUATION	OF	UNCERTAIN
רת אי	A DOCUMENTO AND DED NOM NOME AND MARGED C	שנואש ניי	ייידיים ח דווו	ם ת	COCNITATON
TΑΣ	K POSITIONS AND DID NOT NOTE ANY MATTERS	THAT MC	NOTO KEČOTKE	KE	COGNITION

332054 09-28-23

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization Employer identification number ABILITYFIRST 95-1690983 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 ABILITYFIRST 95-16909										
Pa	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
		or iditariating event continuations and gr	(a) Event #1 STROLL & ROLL	(b) Event #2 FESTIVAL OF FALL	(c) Other events	(d) Total events (add col. (a) through col. (c))				
Revenue	1	Gross receipts	(event type) 666,734.	(event type) 228,292.	(total number)	974,322.				
	2	Less: Contributions	662,213.	148,523.	59,634.	870,370.				
	3	Gross income (line 1 minus line 2)	4,521.	79,769.	19,662.	103,952.				
		Cash prizes Noncash prizes		2,046.	894.	2,940.				
benses		Rent/facility costs	21,880.		14,862.	36,742.				
Direct Expenses	7	Food and beverages	1,583.	894.	26.	2,503.				
	8 9			8,290. 81,591.	8,377.	12,867. 175,914.				
Pa	10 11 irt l	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d)	n 990, Part IV, line 19, or n		230,966. -127,014.				
		\$15,000 on Form 990-EZ, line 6a.	1	T T						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
	1	Gross revenue								
Expenses		Cash prizes								
		Noncash prizes								
Direc	4	Rent/facility costs								
		Other direct expenses Volunteer labor	Yes % No	Yes %	Yes %					
	7	Direct expense summary. Add lines 2 through								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming and No," explain:	ctivities in each of these	states?		Yes No				
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:									

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 ABILITYFIRST 9:	<u>5-16</u>	90	<u>983</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	☐ No
	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?	Г		Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
	An outside facility		13b		/ %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	∟	100		
14	the the hame and address of the person who prepares the organization's gaming/special events books and records.				
	Nama				
	Name				
	Address				
	Address				
		Г	_	.,	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L		Yes	No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	ıt			
	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:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to				
٠	retain the state gaming license?	Г		Yes	☐ No
				103	
K.	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е			
Da	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and (v) and (v); and (v); and (v) are the explanations required by Part I, line 2b, columns (iii) and (v); and (v	al David I	II II.	0 (0h 10h
ıa		a Part II	II, IIN	es 9, s	ob, TUD,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				



SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number

	ABILITYFIRST	95-169098	3	
Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	90,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First class or charter travel Housing allowance or residence for personal	al use		
	Travel for companions Payments for business use of personal residual Payments for business use of personal Payments for business (payments for business personal Payments for business personal Paymen	dence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur,	chef)		
		,		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	ı to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation con	mmittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	41-		Х
	Participate in or receive payment from an equity-based compensation arrangement?			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?			X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2023

Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	J-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) LORI GANGEMI	(i)	310,998.	20,000.	0.	9,415.	6,553.	346,966.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) KERI CASTANEDA	(i)	212,405.	16,000.	0.	6,549.	6,145.	241,099.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) KASHIF KHAN	(i)	211,745.	16,000.	0.	6,439.	906.	235,090.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
EVERY YEAR THE BOARD ESTABLISHES PERFORMANCE GOALS FOR THE CEO, CFO, COO
AND THE CDO. BASED ON THE SUCCESS OF THE GROUP AND/OR INDIVIDUAL EXECUTIVE,
THE BOARD MAY APPROVE A DISCRETIONARY BONUS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection
Employer identification number

	ABILITYFIRST					95-1	690	983	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d) Method of de oncash contribu		•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	3	23,045.	FAII	R MARKET	VA:	LUE	
10	Securities - Closely held stock		-	,					
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (AUCTION ITEMS)	Х	189	78,868.	FAII	R MARKET	VA:	LUE	
26	Other (PROGRAM SUPPLIE)	Х	1			R MARKET			
27	Other (·					
28	Other ()								
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29					
	· ·		J					Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, tl	hat it			
	must hold for at least 3 years from the date of		• • • • •						
	exempt purposes for the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?		31	Х	
	Does the organization hire or use third parties	•	•	•					
	contributions?		•				32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,				
	describe in Part II.		,, , , , ,						

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ABILITYFIRST

Employer identification number 95-1690983

15212111111151
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGHOUT THEIR LIVES.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
VOLUNTEERING AND INTEREST EXPLORATION.
FORM 990, PART VI, SECTION A, LINE 1A:
THE BOARD DELEGATES AUTHORITY TO THE EXECUTIVE COMMITTEE TO ACT ON BEHALF
OF THE BOARD. THE EXECUTIVE COMMITTEE CONSISTS OF THE FOLLOWING:
1. CHAIR, DAVID SAETA
2. VICE CHAIR, KATHY SANDERS PLATNICK
3. SECRETARY, WILL CRAIG
4. TREASURER, RANDALL REPP
5. AT LARGE MEMBER, WILLIAN JOHNSON
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE CFO AND CEO AND THEN IT IS THEN PROVIDED TO
THE BOARD OF DIRECTORS PRIOR TO BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
PRIOR TO ELECTION AND ON A NOT LESS THAN ANNUAL BASIS, ABILITYFIRST BOARD
MEMBERS SIGN A DECLARATION STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST.
THE CONFLICT OF INTEREST POLICY AND THE BOARD MEMBER CONFLICT OF INTEREST
FORMS ARE MONITORED BY THE BOARD CHAIR AND THE GOVERNANCE/NOMINATING
COMMITTEE.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization Employer identification number
ABILITYFIRST 95-1690983

FORM 990, PART VI, SECTION B, LINE 15:

CEO/CFO/COO/CDO:

A COMPENSATION REPORT IS PREPARED BY AN INDEPENDENT FIRM AT LEAST EVERY 3
YEARS TO DETERMINE COMPETITIVE SALARIES FOR THE ABILITYFIRST

CEO/CFO/COO/CDO. THE BOARD DELEGATES THE AUTHORITY TO THE EXECUTIVE

COMMITTEE TO EVALUATE AND SET COMPENSATION LEVELS FOR THE CEO/CFO/COO/CDO.

PROPOSED COMPENSATION INCREASES FOR THE CEO/CFO/COO/CDO MUST BE APPROVED BY

THE BOARD IF, 1) A PROPOSED INCREASE IN BASE SALARY EXCEEDS THE CURRENT

BASE SALARY BY MORE THAN 10% OR IF, 2) A PROPOSED BONUS EXCEEDS THE PRIOR

YEAR'S BASE SALARY BY MORE THAN 10% OR IF, 3) A PROPOSED INCREASE IN BASE

SALARY EXCEEDS BY 10% OR MORE THE 50TH PERCENTILE OF THE COMPENSATION

REPORT ISSUED BY THE INDEPENDENT FIRM.

FORM 990, PART VI, SECTION B, LINE 15B:

FOR EMPLOYEES OTHER THAN CEO/CFO/COO/CDO:

THE CEO PROPOSES AN ANNUAL BUDGET THAT INCLUDES A SPECIFIC AMOUNT FOR

COMPENSATION INCREASES. AFTER THE AGENCY WIDE BUDGET IS APPROVED BY THE

FINANCE COMMITTEE AND THE BOARD OF DIRECTORS, THE COMPENSATION INCREASES

BECOME AVAILABLE TO BE DISBURSED IN THE FOLLOWING YEAR. IN RECENT YEARS,

MUCH OF THE COMPENSATION INCREASE DOLLARS HAVE BEEN SPENT TO COVER THE

MINIMUM WAGE CHANGE IMPLICATIONS AND ADJUSTMENTS REQUIRED TO MAINTAIN PAY

EQUITY. ALL COMPENSATION CHANGES ARE SUBJECT TO REVIEW BY THE CEO AND THE

DIRECTOR OF HUMAN RESOURCES. THE CEO APPROVES ALL COMPENSATION INCREASES

WITHOUT THE PARTICIPATION OF INTERESTED PERSONS.

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

THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AS
WELL AS INCLUDED ON THE ANNUAL REPORT POSTED ON THE WEBSITE. THE GOVERNING

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Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 95-1690983 **ABILITYFIRST** DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE - BENEFICIAL INTEREST IN CHARITABLE 50,640. REMAINDER TRUSTS -285,946. BAD DEBT EXPENSE CHANGE IN VALUE - BENEFICIAL INTEREST IN PERPETUAL TRUSTS 272,811. TOTAL TO FORM 990, PART XI, LINE 9 37,505. FORM 990, PART XII, LINE 2C: NO PROCESSES HAVE CHANGED FROM THE PRIOR YEAR.