010233		ł				298	931631	7403	1 15-0047
Form	990-T		la la	and proxy tax und	ier secti	Income Tax Re	eturn		
•	tment of the Treasery al Revenuວ Service		► Go to www	' <i>irs.gov/r-ormyyu'i</i> tor ir	ISTRUCTIONS	and ending 06/30/ and the latest information	on.	Open to Public In 501(c)(3) Organia	
A	Check box if address changed		Name of organization	(Check box if name of	-		D Employer iden		
_	xempt under section			Unlimited	of Jo	nesboro,	(Employees trus	st, see instructions)	
2	(C) (O3)	Print	Inc.	or suite no. If a P.O. box, see ins	ntauchons		│ 71-03	حر 51239	
<u> </u>	408(e) 220(e) 408A 530(a)	Type	P.O. Box	•	SHUCHOIIS			iness activity code	90
-	529(a)	1,700		vince, country, and ZIP or fore	ign postal cod		(See instruction	-	4
C B	ook value of all assets		Jonesboro	•	• .	72403-1207	90009	9	3
	t end of year			ber (See instructions)					
			heck organization typ			501(c) trust	401(a) trust	Other t	
H E	Inter the number of the	organiz	ation's unrelated trade	es or businesses 🕨 _	1_	Describe the only (or fi	rst) unrelated trade		
•	Parts I–V If more than		asha tha first in the h	lank anges at the and	of the prov	ous sontones, complet	o Parts Land II. co	If only one, cor	npiete
	ans i–v if more than α Schedule M for each ad					ous sentence, complet	e Paris Fallo II, Co	impiete a	
1 [Ouring the tax year, was f "Yes," enter the name	the cor	poration a subsidiary	ın an affiliated group o		subsidiary controlled gr	oup?	▶ ☐ Ye	s X No
		·	hilitias II	Inlimited		T-1		870-932	2_1551
	he books are in care o		<u>Abilities U</u> e or Business Ir			(A) Income	(B) Expenses	· · · · · · · · · · · · · · · · · · ·	Net
1a	Gross receipts or sale		e or business ii	icome		(A) meenie	(D) EXPENSES	10/	
b	Less returns and allow			c Balance	▶ 1c				
2	Cost of goods sold (S		A, line 7)		2				
3	Gross profit Subtract	line 2 fro	om line 1c		3				<u> </u>
4a	Capital gain net incom				4a			/_	
b	Net gain (loss) (Form 479	7, Part II,	line 17) (attach Form 47	797)	4b			_4	
С	Capital loss deduction				4c				
5	Income (loss) from pa statement)	rtnershij	p and S corporation (a	attach	5		*******		
6	Rent income (Schedu	le C)			6				
7	Unrelated debt-finance		ne (Schedule E)		7				-
8	Interest, annuities, royalti		,	nization (Schedule F)	8				
9	Investment income of a s			•	9				
10	Exploited exempt active	vity inco	me (Schedule I)		10				
11	Advertising income (S	chedule	(J)		11				
12	Other income (See in:		•	See Stmt 1		6,785			6,785
13	Total. Combine lines			/6	13	6,785		no must be	6,785
Pa	ert II Deduction connecte	ons No d with 1	the unrelated bus	ere (See Instructio siness income)	ns for IIIT	itations on deducti	ons.) (Deduction	ons must be	directly
14	Compensation of office							14	
- 15	Salaries and wages							15	
36/48/18/18/18/18/18/18/18/18/18/18/18/18/18	Repairs and maintena	ance						16	
43	Bad debts						-	17	
c18	Interest (attach sched	lule) (see	e instructions)				-	18	
<u>d9</u>	Taxes and licenses	-a-m 4E	ea) /	DEC	EIVEC) 20	 	19	
S	Depreciation (attach f Less depreciation clai		/		CIVEL			21b	0
Ŝ	Depletion	iilieu on	Schedule A and cisc	ကြ		101		22	
23 23	Contributions to defer	red com	pensation plans	DEC 2	2 8 2020	RS-(23	
Z 4	Employee benefit pro		,					24	
25	Excess exempt exper	sés (Sc	hedule I)	[OGD	EN, U	T		25	
26	Excess readership co	sts (Sch	edule J)	L				26	
27	Other deductions (atta						L	27	
28	Total deductions. Ad						<u> </u>	28	
29	,			rating loss deduction S			<u> </u>	29	6,785
30		rating lo	ss arising in tax years	s beginning on or after	January 1,	2018 (see		20	336
	/instructions)		nome Culturation	00 from line 00			-	30 31	6,449
31	Unrelated business to				 				90-T (2019
DAA	For Paperwork Redu	ACTION A	ot House, see mstrt	actions.					(2010)
						O /			

	990-T (2019) Abili					71-0	351239			Pa	ige 3
Sch 1 2 3 4a b 5 Sch (Sch	Inventory at beginning of your purchases Cost of labor Additional sec 263A costs (attach schedule) Other costs (attach schedule) Total. Add lines 1 through Intelligible C - Rent Income enstructions) Inscription of property	ods Sold. Enter ear 1 2 3 4a 4b 5 5 100 From Real F	metho Proper	od of invento 6 7	Inventory at end of Cost of goods so line 6 from line 5 fi in Part I, line 2 Do the rules of sec property produced to the organization conal Property L	year d. Subtra Enter here tion 263A or acquir	act e and A (with respect to ed for resale) apply	6 7 Perty)	Y	es	No.
(1)	N/A										
(2)						•) .				
(3)			_								
(4)							·				
<u> </u>		2 Rent receiv	ed or accr	ued			Ĭ			_	
	(a) From personal property (if the p for personal property is more tha more than 50%)	an 10% but not		percentage of rent	nd personal property (if the for personal property excee is based on profit or income		1	-	nected with the inco) (attach schedule)	me	
(1)											
(2)											
(3)	-										
(4)											
Tota	<u> </u>		Total				(b) Total deduction	S.			
	otal income. Add totals of cand on page 1, Part I, line 6) Enter	•	•		Enter here and on pa Part I, line 6, column	ge 1,			
Sch	nedule E – Unrelated [Debt-Financed	ncom	e (see instru	ctions)				· ·		
	1 Description of debt-fi	inanced property			es income from or			onnected v	erty		
				property	(a) S	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
	N/A				<u> </u>	+	(+	(•	
(1)	N/A							+			
(2)	· · · · · · · · · · · · · · · · · · ·			-		+		+	-		
(3)											
(4)	4 Amount of average 5 Average adjusted basis acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		6 Column 4 divided by column 5			7 Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of colu 3(a) and 3(b))		s	
(1)						%					
(2)						%			_		
(3)						%					
(4)			-			%					
<u> </u>						Enter	here and on page 1, I, line 7, column (A)	Ente Pa	er here and on rt I, line 7, colui	page mn (e 1, (B)
Tota					•						
Tota	ıl dividends-received dedu	ctions included in c	oiumn 8				▶	1			

Form **990-T** (2019)

Schedule F – Interest, Anni	lities, Royali	ies, and Ken		pt Controlled				(see instruc	uons)		
Name of controlled organization		2 Employer identification number		nrelated income ee instructions)	4 Total of specified payments made		I	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1) N/A		~									
(2)	i										
(3)	l l										
(4)											
Nonexempt Controlled Organiza	ations										
7 Taxable Income	l l	Net unrelated income oss) (see instructions)		9 Total of specified payments made		10 Part of column included in the cor organization's gross		e controlling		Deductions directly nected with income in column 10	
(1) ,											
(2)	l l	-									
(3)		_									
(4)				•							
			,		,	En		s 5 and 10 d on page 1, column (A)	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)	
Totals			\(7\) (0)	\ (47) 0	<u> </u>				_		
Schedule G - Investment Ir	ncome of a S	ection 501(c	<u>)(7), (9</u>			ation	ı (see ir	istructions)			
1 Description of income		2 Amount of a	ncome	directly (luctions connected schedule)			4 Set-asides trach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1) N/A	-										
(2)				r	\						
(3)											
(4)	,	,		•							
		Enter here and o Part I, line 9, co							En Pa	ter here and on page 1, art I, line 9, column (B)	
Totals Schedule I – Exploited Exe	mpt Activity	Income Oth	or Tha	n Advortici	na Inc		/soo in	etructions)			
Schedule I – Exploited Exe	THE ACTIVITY	income, our	ei illa	II AUVEILISI	ing inte	,UIIIe	(see iii	Situctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirectle connected production unrelated business in	y d with on of ed	4 Net income (I from unrelated to or business (col 2 minus column If a gain, comp cols 5 through	rade umn 3) ute	from a	oss income activity that t unrelated ess income	colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A											
(2)											
(3)											
(4)				•							
Totals •	Enter here and o page 1, Part I, line 10, col (A)	page 1, P	art I,							Enter here and on page 1, Part II, line 25	
Schedule J – Advertising Ir	ncome (see in	structions)	<u>_</u>								
Part I Income From F			Cons	olidated Ba	sis						
1 Name of periodical	2 Gross advertising income	3 Dire advertising	· 1	4 Advertising gain or (loss) (communication 2 minus col 3) a gain, compunicols 5 through	col If te		irculation ncome	6 Read	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A											
(2)											
(3)											
(4)											
	Λ.										
Totals (carry to Part II, line (5)) ▶	<u> </u>									1	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
l	I	ı	1	
_ `				
	<u> </u>			
t I, page 1, Part I,				Enter here and on page 1, Part II, line 26
t	t I, page 1, Part I,	t I, page 1, Part I,	t I, page 1, Part I,	t I, page 1, Part I,

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

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and an page 1 Part II line 14	·		

Form **990-T** (2019)

01025J Abilities Unlimited of Jonesboro,
71-0351939 Federal Statements

FYE: 6/30/2020

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description		Amount
Arkansas Provider Coalition L	, \$_	6,785
Total	`	6,785