

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ABILITIES UNITED		D Employer identification number 94-1546643
	Doing Business As		E Telephone number 650.494.0550
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 6,481,238.
	525 E CHARLESTON ROAD		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
City, town, or post office, state, and ZIP code PALO ALTO, CA 94306		H(c) Group exemption number ▶	
F Name and address of principal officer: LYNDA STEELE SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.ABILITIESUNITED.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1963 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SUPPORTS CHILDREN AND ADULTS WITH DISABILITIES, THEIR FAMILIES AND THE COMMUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	179
	6 Total number of volunteers (estimate if necessary)	6	618
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	1,759,545.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	4,579,214.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	83,094.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	-15,549.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	6,406,304.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	4,840,693.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 457,702.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	1,117,461.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	5,958,154.	
19 Revenue less expenses. Subtract line 18 from line 12	0.	448,150.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,668,031.	3,162,742.
	22 Net assets or fund balances. Subtract line 21 from line 20	494,069.	540,630.
		2,173,962.	2,622,112.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer		Date
	▶ LYNDA STEELE, EXECUTIVE DIRECTOR		Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	NASI RAISSIAN		
	Firm's name ▶ ROBERT LEE & ASSOCIATES, LLP	Firm's EIN ▶ 27-1155496	Check if self-employed <input type="checkbox"/> PTIN P01023106
	Firm's address ▶ 226 AIRPORT PARKWAY, SUITE 350	Phone no. 408.855.6770	
	SAN JOSE, CA 95110		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: ABILITIES UNITED SUPPORTS CHILDREN AND ADULTS WITH DISABILITIES, THEIR FAMILIES AND THE COMMUNITY, AND CHAMPIONS A CULTURE IN WHICH ALL MEMBERS OF SOCIETY ARE INCLUDED AND APPRECIATED FOR THEIR DISTINCTIVE CONTRIBUTIONS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,092,139. including grants of \$) (Revenue \$ 2,216,231.)

ADULT SERVICES: ADULT SERVICES ASSISTS INDIVIDUALS WITH DEVELOPMENTAL OR OTHER DISABILITIES TO FULLY PARTICIPATE IN THEIR COMMUNITY THROUGH EMPLOYMENT, EDUCATIONAL, RECREATIONAL, SOCIAL, AND VOLUNTEER ACTIVITIES. USING COMMUNITY RESOURCES AND EXPERIENCES, ADULT SERVICES SPECIALISTS AND COMMUNITY TRAINING INSTRUCTORS ASSIST INDIVIDUALS TO ACQUIRE OR EXPAND THEIR SKILLS THROUGH ADULT DAY ACTIVITIES, COMMUNITY CONNECTIONS, INDEPENDENT LIVING SKILLS AND EMPLOYMENT SERVICES.

ADULT DAY ACTIVITIES OFFERS A VARIETY OF ACTIVITIES TO ADULTS TO EXPERIENCE NEW OPPORTUNITIES TO LEARN DAILY LIVING AND COMMUNITY SKILLS. PARTICIPANTS CHOOSE FROM A VARIETY OF ACTIVITIES TO EXPERIENCE

4b (Code:) (Expenses \$ 1,244,622. including grants of \$) (Revenue \$ 1,019,160.)

CHILDREN'S DEVELOPMENT SERVICES: CHILDREN'S DEVELOPMENT SERVICES ENSURE THAT CHILDREN FROM BIRTH TO NINE YEARS OF AGE, AND THEIR PARENTS, LEARN THE TECHNIQUES AND SKILLS NEEDED TO GET THE BEST POSSIBLE START IN LIFE. THESE SERVICES ARE PROVIDED THROUGH EARLY INTERVENTION & MEETING MY MILESTONES SERVICES, THERAPY SERVICES AND MILESTONES PRESCHOOL.

EARLY INTERVENTION & MEETING MY MILESTONES DEVELOPMENTAL AND PARENT EDUCATION GROUPS OFFER IN-HOME AND CENTER-BASED EDUCATION AND THERAPY SERVICES FOR CHILDREN FROM BIRTH TO FOUR YEARS OLD WHO HAVE DEVELOPMENTAL DELAYS OR ARE AT RISK OF DELAY, AND THEIR FAMILIES. THE PROGRAM'S TRANSDISCIPLINARY TEAM OF DEVELOPMENTAL SPECIALISTS AND

4c (Code:) (Expenses \$ 1,018,226. including grants of \$) (Revenue \$ 935,693.)

AQUATIC SERVICES: AQUATIC SERVICES OFFERS WARM WATER EXERCISE TO PEOPLE OF ALL AGES AND ABILITY LEVELS IN THE 93-DEGREE, WHEELCHAIR-ACCESSIBLE INDOOR POOL AT THE BETTY WRIGHT AQUATIC CENTER, DELIVERING QUALITY AQUATIC REHABILITATION, FITNESS AND RECREATION SERVICES. LAST YEAR 2,978 INDIVIDUALS USED SERVICES AT THE BWAC.

WARM-WATER THERAPY AND EXERCISE BENEFITS PEOPLE OF ALL AGES AND ABILITIES, ALLOWING FOR MUSCLE RELAXATION, JOINT LUBRICATION, NERVE INTEGRATION AND INCREASED RANGE OF MOTION. IT PROVIDES RELIEF OF PAIN FROM INJURIES, DISORDERS OR PHYSICAL AILMENTS SUCH AS ARTHRITIS, SPINAL CORD INJURES, MULTIPLE SCLEROSIS, CEREBRAL PALSY AND FIBROMYALGIA.

4d Other program services (Describe in Schedule O.) (Expenses \$ 422,525. including grants of \$) (Revenue \$ 413,840.)

4e Total program service expenses 4,777,512.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-1b, 2a-2b, etc.), and Yes/No columns. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited transactions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included in line 1a, above, who are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 650.494.0550 525 E CHARLESTON ROAD, PALO ALTO, CA 94306

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HEIDI FELDMAN PRESIDENT & DIRECTOR	8.00	X		X				0.	0.	0.
(2) BRIAN BECKWITH SECRETARY & DIRECTOR	7.00	X		X				0.	0.	0.
(3) FRANK BERRY TREASURER & DIRECTOR	2.00	X		X				0.	0.	0.
(4) MICHAEL AGUILAR DIRECTOR	2.00	X						0.	0.	0.
(5) GERI HADLEY DIRECTOR	2.00	X						0.	0.	0.
(6) JENNIFER HINTON DIRECTOR	2.00	X						0.	0.	0.
(7) PIETER KARK DIRECTOR	4.00	X						0.	0.	0.
(8) JERE KING DIRECTOR	16.00	X						0.	0.	0.
(9) CAROL LEYNSE DIRECTOR	2.00	X						0.	0.	0.
(10) AMBER MACMILLAN DIRECTOR	2.00	X						0.	0.	0.
(11) ROXANNE MARENBERG DIRECTOR	2.00	X						0.	0.	0.
(12) KAREN MOORE DIRECTOR	2.00	X						0.	0.	0.
(13) STAN PARRY DIRECTOR	4.00	X						0.	0.	0.
(14) JUDY RICHARDSON DIRECTOR	5.00	X						0.	0.	0.
(15) PATRICK ROMZEK DIRECTOR	3.00	X						0.	0.	0.
(16) ELLEN SMITH DIRECTOR	6.00	X						0.	0.	0.
(17) WANDA WONG DIRECTOR	7.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LARRY YU DIRECTOR	2.00	X						0.	0.	0.
(19) MANFORD COSTELLO FORMER DIRECTOR	2.00	X						0.	0.	0.
(20) MICHAEL HENSLEY FORMER DIRECTOR	2.00	X						0.	0.	0.
(21) DAVID HERBST FORMER DIRECTOR	2.00	X						0.	0.	0.
(22) ELAINE SITTERSON FORMER DIRECTOR	2.00	X						0.	0.	0.
(23) JIM MEIKRANTZ FORMER DIRECTOR	2.00	X						0.	0.	0.
(24) ELIZABETH WOLF FORMER DIRECTOR	2.00	X						0.	0.	0.
(25) LYNDA STEELE EXECUTIVE DIRECTOR	40.00			X				140,569.	0.	21,043.
1b Sub-total								140,569.	0.	21,043.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								140,569.	0.	21,043.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	310,694.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,448,851.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,759,545.			
	Program Service Revenue	2 a FEES FROM GOVERNMENT	Business Code 624100	3,266,882.	3,266,882.	
b PROGRAM SERVICE FEES		624100	1,295,426.	1,295,426.		
c CONTRACT REVENUE		624100	16,906.	16,906.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			4,579,214.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		83,094.		83,094.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 310,694. of contributions reported on line 1c). See Part IV, line 18	a	53,675.			
		b Less: direct expenses	b	74,934.		
c Net income or (loss) from fundraising events			-21,259.		-21,259.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	900099	5,710.	5,710.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		5,710.				
12 Total revenue. See instructions.		6,406,304.	4,584,924.	0.	61,835.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	156,099.	31,220.	46,830.	78,049.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,735,221.	3,289,999.	214,560.	230,662.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	660,224.	587,737.	22,234.	50,253.
10 Payroll taxes	289,149.	225,124.	47,836.	16,189.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	276,004.	53,149.	222,199.	656.
12 Advertising and promotion	66,271.	29,128.	16,688.	20,455.
13 Office expenses				
14 Information technology	17,679.	4,480.	8,200.	4,999.
15 Royalties				
16 Occupancy	112,306.	94,555.	13,570.	4,181.
17 Travel	159,251.	156,897.	1,161.	1,193.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,135.			4,135.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	98,404.	63,659.	30,352.	4,393.
23 Insurance	19,209.	4,000.	10,521.	4,688.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE AND REPAIRS	73,917.	69,978.	3,939.	
b SUPPLIES	65,466.	40,840.	21,630.	2,996.
c TELEPHONE	57,589.	33,678.	19,946.	3,965.
d BANK CHARGES	51,871.	39,588.	3,055.	9,228.
e All other expenses	115,359.	53,480.	40,219.	21,660.
25 Total functional expenses. Add lines 1 through 24e	5,958,154.	4,777,512.	722,940.	457,702.
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)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	692,499.	2	893,116.
	3 Pledges and grants receivable, net	14,036.	3	148,917.
	4 Accounts receivable, net	282,623.	4	320,951.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,653.	9	16,731.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,525,134.		
	b Less: accumulated depreciation	10b 1,610,587.	854,102.	10c 914,547.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	771,460.	12	812,444.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	41,658.	15	56,036.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,668,031.	16	3,162,742.	
Liabilities	17 Accounts payable and accrued expenses	337,007.	17	370,268.
	18 Grants payable		18	
	19 Deferred revenue	115,404.	19	114,326.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	41,658.	25	56,036.
	26 Total liabilities. Add lines 17 through 25	494,069.	26	540,630.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,068,064.	27	1,464,251.
	28 Temporarily restricted net assets	300,487.	28	349,950.
	29 Permanently restricted net assets	805,411.	29	807,911.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,173,962.	33	2,622,112.	
34 Total liabilities and net assets/fund balances	2,668,031.	34	3,162,742.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,406,304.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,958,154.
3	Revenue less expenses. Subtract line 2 from line 1	3	448,150.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,173,962.
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,622,112.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization <p style="text-align:center">ABILITIES UNITED</p>	Employer identification number <p style="text-align:center">94-1546643</p>
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1435294.	1711725.	1676397.	1187136.	1448851.	7459403.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1435294.	1711725.	1676397.	1187136.	1448851.	7459403.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						731,741.
6 Public support. Subtract line 5 from line 4.						6727662.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1435294.	1711725.	1676397.	1187136.	1448851.	7459403.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,229.	12,445.	19,786.	16,826.	49,228.	100,514.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				14,906.	5,710.	20,616.
11 Total support. Add lines 7 through 10						7580533.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	88.75	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	90.65	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">ABILITIES UNITED</p>	Employer identification number <p style="text-align: center;">94-1546643</p>
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		0.
j Total. Add lines 1c through 1i			0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION HAS A LINK ON THEIR WEBSITE TO THE CALIFORNIA STATE SENATE AND TO THE ARC LEGISLATIVE ACTION CENTER. THE ORGANIZATION ENCOURAGES WEBSITE VISITORS TO WRITE THEIR SENATORS TO EXPRESS THEIR ADVOCACY FOR PEOPLE WITH DISABILITIES AND TO LEARN MORE ABOUT LEGISLATIVE ACTIONS THAT HAVE AN IMPACT ON PEOPLE WITH DISABILITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

ABILITIES UNITED

Employer identification number

94-1546643

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	771,460.	800,239.	782,081.	787,121.	778,106.
b Contributions	2,500.	15,830.	7,500.	3,500.	9,015.
c Net investment earnings, gains, and losses	88,697.	3,518.	10,658.		
d Grants or scholarships					
e Other expenditures for facilities and programs	40,980.	38,661.		8,540.	
f Administrative expenses	9,233.	9,466.			
g End of year balance	812,444.	771,460.	800,239.	782,081.	787,121.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 1.00 %
- b Permanent endowment 99.00 %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	2,051,435.		1,333,964.	717,471.
d Equipment		196,647.	83,216.	113,431.
e Other		277,052.	193,407.	83,645.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				914,547.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SILICON VALLEY COMMUNITY		
(B) FOUNDATION POOL	812,444.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	812,444.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION ASSETS	56,036.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	56,036.

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,464,754.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	58,450.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	58,450.
3	Subtract line 2e from line 1	3	6,406,304.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,406,304.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,016,604.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	58,450.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	58,450.
3	Subtract line 2e from line 1	3	5,958,154.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,958,154.

Part XIII Supplemental Information

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

PART X, LINE 2: THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS

AND WILL RECOGNIZE A LOSS CONTINGENCY WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS OF THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN BE REASONABLY ESTIMATED. THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATE AND MANAGEMENT JUDGMENT WITH RESPECT TO THE LIKELY OUTCOME OF EACH UNCERTAIN TAX POSITION. THE AMOUNT THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL UNCERTAIN TAX POSITION OR FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE COULD DIFFER FROM THE AMOUNT RECOGNIZED.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		AUTHOR ' S LUNCHEON	AQUATHON	NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	242,211.	122,158.		364,369.
	2 Less: Contributions	188,536.	122,158.		310,694.
	3 Gross income (line 1 minus line 2)	53,675.			53,675.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	68,357.	6,577.		74,934.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(74,934)
	11 Net income summary. Combine line 3, column (d), and line 10				-21,259.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

ABILITIES UNITED

Employer identification number

94-1546643

Part 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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X
3 Indicate which, if any, of the following the filing 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 to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 in 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 are not 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-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LYNDIA STEELE EXECUTIVE DIRECTOR	(i)	140,569.	0.	0.	14,175.	6,868.	161,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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 4B: LYNDA STEELE RECEIVED \$14,175 OF DEFERRED COMPENSATION

UNDER HER 457(F) PLAN

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

ABILITIES UNITED

Employer identification number

94-1546643

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NEW LEARNING OPPORTUNITIES. ACTIVITIES INCLUDE HOUSEHOLD TASKS SUCH AS SHOPPING, COOKING, LAUNDRY, CLEANING, GARDENING; COMMUNITY LIFE SKILLS SUCH AS PUBLIC TRANSIT TRAINING, RESTAURANT DINING; AND THE ACCESSING OF COMMUNITY SERVICES SUCH AS COMMUNITY CENTERS, LIBRARIES, MUSEUMS, THEATRES, PARKS, ETC. PARTICIPANTS LEAD THEIR SUPPORT TEAM IN MAKING THEIR OWN CHOICES, SETTING THEIR OWN GOALS AND LEARNING FROM THEIR DECISIONS, WITH WHATEVER SUPPORT AND ASSISTANCE IS NEEDED FROM THEIR FAMILY, FRIENDS, AND COMMUNITY TRAINING INSTRUCTORS. COMMUNITY CONNECTIONS OFFERS MEANINGFUL VOLUNTEER OPPORTUNITIES AT OVER 40 LOCAL NONPROFIT ORGANIZATIONS, AN EDUCATIONAL SERIES, AND COMMUNICATION AND PRODUCTION SKILL DEVELOPMENT THROUGH THE COMMUNITY CONNECTIONS CABLE TV SHOW AND NEWSLETTERS. PARTICIPANTS CHOOSE FROM A VARIETY OF SOCIAL AND VOLUNTEER ACTIVITIES THAT ENHANCE CONTRIBUTION AND WAYS TO GIVE BACK TO THEIR COMMUNITY. ADDITIONALLY, PARTICIPANTS BUILD ON THEIR KNOWLEDGE THROUGH THE PROGRAM'S EDUCATIONAL SERIES, AND DEVELOP COMMUNICATION AND TEAMWORK SKILLS AS THEY ASSIST IN PRODUCING THE PROGRAM'S CABLE TELEVISION SHOW AND NEWSLETTERS. FIFTY-TWO INDIVIDUALS WERE SERVED THIS LAST YEAR.

INDEPENDENT LIVING SKILLS PROVIDES PERSONALIZED, 1:1 COACHING TO ADULTS SO THEY CAN LEARN THE DAILY LIFE SKILLS (PERSONAL/SOCIAL, DOMESTIC, FINANCIAL AND COMMUNITY) NEEDED TO LIVE IN THEIR COMMUNITY. ADULT SERVICES SPECIALISTS PROVIDE ASSESSMENT AND CUSTOMIZED GOAL IDENTIFICATION AND ATTAINMENT PLANNING, TO FIT THE NEEDS AND LIFESTYLE OF THE INDIVIDUAL. ONGOING SUPPORT AND INSTRUCTION BUILDS ON EXISTING

Name of the organization ABILITIES UNITED	Employer identification number 94-1546643
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SKILLS TOWARDS MEASURABLE SUCCESS AND INCREASED INDEPENDENCE. IN ADDITIONAL TO THIS CUSTOMIZED 1:1 SERVICE, INDEPENDENT LIVING SKILLS ALSO PROVIDES OPPORTUNITIES FOR NETWORKING AND COMMUNITY BUILDING THROUGH EDUCATIONAL, SOCIAL AND RECREATIONAL EVENTS IN THE COMMUNITY. ONE HUNDRED FIFTY-SEVEN ADULTS WERE SERVED IN THIS PROGRAM IN THE LAST YEAR.

EMPLOYMENT SERVICES PROVIDES INDIVIDUAL WORK ASSESSMENT AND PLACEMENT IN INDIVIDUAL OR GROUP WORK SETTINGS, BASED ON THE INDIVIDUALS SKILLS, INTEREST AND EXPERIENCE. ONCE AN EMPLOYEE IS HIRED, THE PROGRAM CAN PROVIDE SUPPORTIVE 1:1 ON OR OFF THE JOB COACHING OR SMALL GROUP SITE SUPERVISING SERVICES, WORKING WITH BOTH THE EMPLOYEE(S) AND THE EMPLOYER FOR VOCATIONAL SUCCESS. THE PROGRAM ASSISTS ADULTS IN ATTAINING ADDITIONAL SKILLS TO COMPLIMENT AND BUILD UPON EXISTING SKILLS, AND FOCUSES ON MATCHING EACH INDIVIDUAL WITH MEANINGFUL AND VALUED EMPLOYMENT OPPORTUNITIES. FROM IDENTIFYING FIELDS OF INTEREST, APPLYING FOR JOBS, INTERVIEWS AND STARTING IN THE NEW POSITION, THE TEAM SUPPORT EVERY STEP OF THE WAY AND HELP THE INDIVIDUAL BUILD NATURAL SUPPORTS IN THE WORKPLACE. EIGHTY-SIX ADULTS WERE SERVED THIS LAST YEAR IN THIS PROGRAM.

THIS LAST YEAR, IN ADULT SERVICES:

-ADULT SERVICES EMPLOYMENT SERVICES PLACED 31 INDIVIDUALS INTO COMPETITIVE EMPLOYMENT WITH AN AVERAGE HOURLY WAGE OF \$9.46 AND A RETENTION RATE OF 92%.

-THE ADVOCACY GROUP HAS BEEN SHAPED BY PARTICIPANTS WHO ELECT THEIR OWN LEADERSHIP AND SET THEIR OWN AGENDA, WITH MINIMAL FACILITATION.

PARTICIPANTS REGULARLY PROMOTE ADVOCACY THROUGH POLITICAL ACTIVISM AT

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CONFERENCES AND OPPORTUNITIES TO MEET THEIR LEGISLATURES ACROSS THE STATE.

-AN ADULT SERVICES PARTICIPANT IS THE NEWEST MEMBER OF THE ABILITIES UNITED BOARD OF DIRECTORS, SERVING ON THE OPERATIONS REVIEW COMMITTEE

-THE ADULT DAY ACTIVITIES AND COMMUNITY CONNECTIONS PROGRAMS NOW HAVE OVER 40 NONPROFIT PARTNERS

-THE 2012 WAVE AWARD FOR EXCELLENCE IN LOCAL CABLE PROGRAMING WINNING COMMUNITY CONNECTIONS TELEVISION PROGRAM HAS DRAWN HIGH PROFILE GUESTS INCLUDING CONGRESSWOMAN ANA ESHOO AND AUTISM ACTIVIST TEMPLE GRANDIN.

-ABILITIES UNITED HAS WON A NATIONAL VIDEO CONTEST THROUGH THE ALLIANCE FOR COMMUNITY MEDIA FOR OUR COMMUNITY CONNECTIONS TV PROGRAM. THERE WERE OVER 800 ENTRIES NATIONWIDE IN THE INDEPENDENT PRODUCER CATEGORY. OUR PARTICIPANTS WERE A TOWN HALL AUDIENCE FOR CONGRESS MEMBER ANNA ESHOO

-AN ILS PARTICIPANT WAS ACCEPTED BY AND ENROLLED AT THE SAN FRANCISCO ART INSTITUTE. WHEN HE GRADUATES IN 2 YEARS, HE WILL BE THE FIRST PERSON WITH A DISABILITY TO GRADUATE FROM THAT INSTITUTION

-COMMUNITY CONNECTIONS PROGRAM PROVIDED 4,932 SERVICE HOURS TO THE COMMUNITY FOR THE FISCAL YEAR.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THERAPISTS (OCCUPATIONAL, PHYSICAL AND SPEECH & LANGUAGE) PROVIDE STRUCTURED DEVELOPMENTAL AND EDUCATIONAL OPPORTUNITIES, WITH PARENT PARTICIPATION AND EXTENSIVE FAMILY SUPPORT BEING INTEGRAL COMPONENTS OF THESE SERVICES. SERVICES ARE OFFERED IN A CULTURALLY SENSITIVE APPROACH, WITH BILINGUAL AND BICULTURAL STAFF AND SERVICES OFFERED IN ENGLISH AND SPANISH. ONE HUNDRED FOUR CHILDREN AND THEIR FAMILIES WERE SERVED THIS LAST YEAR.

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THE THERAPY CLINIC OFFERS QUALITY DEVELOPMENTAL AND THERAPEUTIC SERVICES FOR CHILDREN, FOR PRIVATE PAY, IN A CLINIC SETTING. SERVICES ARE PROVIDED IN A FAMILY-ORIENTED AND COLLABORATIVE MANNER THAT EMPHASIZES FAMILY INVOLVEMENT AND PARTNERSHIP WITH OTHER PROFESSIONALS PROVIDING SERVICES. THERAPISTS AND STAFF ARE HIGHLY TRAINED PEDIATRIC SPECIALISTS WITH EXTENSIVE EXPERIENCE AND KNOWLEDGE REGARDING RESOURCES AND INTERVENTIONS FOR YOUNG CHILDREN. THE THERAPY CLINIC PROVIDES HIGH-QUALITY THERAPEUTIC SERVICES 1:1, OR IN A SMALL GROUP SETTING, SUCH AS FOR SOCIAL SKILLS DEVELOPMENT GROUPS AND COMMUNICATION CLUB GROUPS. SIXTY-TWO CHILDREN AND THEIR FAMILIES WERE SERVED THIS LAST YEAR.

MILESTONES PRESCHOOL IS A RELATIONSHIP-BASED DEVELOPMENTAL PROGRAM PROVIDING BOTH PRESCHOOL AND PRE-K CLASSES, AND SUPPORTS CHILDREN AGED 2-5 YEARS AND THEIR FAMILIES. MILESTONES IS AN INCLUSIVE PROGRAM, SERVING SMALL GROUPS OF PRESCHOOL AND PRE-K STUDENTS BOTH WITH AND WITHOUT DEVELOPMENTAL DELAYS OR RISK FACTORS. SERVICES FOCUS ON INDIVIDUAL GROWTH, WHILE PROVIDING FAMILIES WITH ACCESS TO SPECIALIZED SERVICES, CASE MANAGEMENT AND COLLABORATIVE SUPPORT WITH AND FOR OTHER EARLY CHILDHOOD EDUCATION ENVIRONMENTS. MILESTONES PRESCHOOL IS NAEYC ACCREDITED. FIFTY-THREE CHILDREN AND THEIR FAMILIES WERE SERVED THIS LAST YEAR.

THIS LAST YEAR, IN CHILDREN'S DEVELOPMENT SERVICES:

-CUPERTINO ROTARY SUPPORTED "ROOM TO MOVE" PROJECT COMPLETED, FEATURING ABILITIES UNITED'S NEWEST AND STATE-OF-THE-ART MOTOR THERAPY ROOM

-MILESTONES PRESCHOOL IS AWARDED A RENEWAL OF THEIR NAEYC ACCREDITATION

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-CHILDREN'S DEVELOPMENT SERVICES REPRESENTS FOR THE ENTIRE EARLY INTERVENTION FIELD IN "WATCH ME GROW", A MULTI-DISCIPLINARY COLLABORATIVE HOSTED BY STANFORD

-LUCILLE PACKARD CHILDREN'S HOSPITAL, STANFORD FAMILY MEDICINE AND UCSF MEDICAL DEPARTMENTS CONTINUE TO UTILIZE ABILITIES UNITED'S CHILDREN'S DEVELOPMENT SERVICES DEPARTMENT FOR STUDENT AND RESIDENT ROTATION TO OBSERVE, LEARN AND COLLABORATE

-OUR EARLY INTERVENTION PROGRAM INITIATED ITS PROGRAM, "MEETING MY MILESTONES", WHICH TRANSITIONED THE EARLY INTERVENTION PROGRAM INTO AN INCLUSIVE PARENT/CHILD EDUCATION PROGRAM

-PARTNERSHIP CONTINUED WITH THE INSTITUTE OF HUMAN AND SOCIAL DEVELOPMENT, PROVIDING IHSD WITH OCCUPATIONAL THERAPY SUPPORT AND EDUCATION

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

REHABILITATION FEATURES A TEAM OF AMERICAN COLLEGE OF SPORTS MEDICINE (ACMS) CERTIFIED INSTRUCTORS, PROVIDING HYDROTHERAPY AND PHYSICAL THERAPY SERVICES. THE PROFESSIONAL, COLLABORATIVE TEAM WORKS WITH MEDICAL AND HEALTH PROFESSIONALS TO REFER INDIVIDUAL TO THE APPROPRIATE SERVICES, AND CAN SUPPORT A DIVERSE RANGE OF CHANGING NEEDS THROUGH THE DEPARTMENT'S CONTINUUM OF CARE MODEL.

FITNESS GROUP CLASSES ARE DESIGNED TO IMPROVE OVERALL QUALITY OF LIFE BY INCREASING AN INDIVIDUAL'S STRENGTH, STAMINA, AND FLEXIBILITY. WITH A VARIETY OF CLASSES FOR ALL LEVELS OF FITNESS IN A FRIENDLY AND SUPPORTIVE ENVIRONMENT, THE SKILLED AND COLLABORATIVE STAFF PROVIDE THE TOOLS AND ENCOURAGEMENT TO HELP MEET EACH INDIVIDUAL'S FITNESS GOALS.

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RECREATION INCLUDES THE WRIGHT SWIM SCHOOL WHERE CHILDREN, OF ALL ABILITY LEVELS, LEARN WATER SAFETY, STROKE TECHNIQUES, AND SELF-CONFIDENCE IN THE WATER, ALL IN A FUN, SAFE AND EDUCATIONAL ENVIRONMENT, AVAILABLE YEAR ROUND. WRIGHT SWIM SCHOOL IS OFTEN A CHILD'S FIRST SOCIAL EXPERIENCE OUT OF THE HOME THAT NURTURES PEER ENGAGEMENT, A SENSE OF INDEPENDENCE AND SELF CONFIDENCE AS THEY BUILD SWIM AND WATER SAFETY SKILLS. THE SWIM SCHOOL ALSO FEATURES SPECIAL ADAPTIVE AQUATICS SERVICES FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES.

THIS LAST YEAR IN AQUATIC SERVICES:

-BWAC SECURED THE PALO ALTO MEDICAL ENDOWMENT GRANT FOR INTERVENTION PILOT PROGRAM: E-HEALTH COMMUNICATIONS

-LEADERSHIP PRESENTED A PAPER "TRANSFORMING & STRENGTHENING HEALTH PROMOTION VIA INTERDISCIPLINARY EDUCATION COLLABORATIVE: LESSONS LEARNED FROM PILOT PROGRAM" AT THE SOCIETY OF PUBLIC HEALTH EDUCATION, IN ORLANDO, FL

-BWAC REVITALIZED OUR SPEAKERS BUREAU, REACHING EIGHT ORGANIZATIONS WITH DIRECT COMMUNITY EDUCATION, PROVIDING DIRECT VISIBILITY OF BETTY WRIGHT AQUATIC CENTER AND THE MISSION OF ABILITIES UNITED TO MORE THAN 300 PEOPLE

-RELYING ON SOCIAL ENTERPRISE MODEL, BWAC DISTRIBUTED SCHOLARSHIP SERVICES VALUED AT \$50,000

-SERVED AS HOST ORGANIZATION TO ATRI (AQUATIC THERAPY & REHABILITATION INSTITUTE, THE NATION'S LEADING AQUATIC THERAPY EDUCATIONAL INSTITUTE, HOSTING REGIONAL CONTINUAL EDUCATION TO PRACTITIONERS FROM SIX DIFFERENT STATES)

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-ORGANIZED, HOSTED AND SUCCESSFULLY DELIVERED THE SECOND INTER-PROFESSIONAL TRAINING COURSE, THE POOL AS A CLASSROOM, TO LEADING AQUATIC TEACHERS WORKING WITH CHILDREN WITH DEVELOPMENTAL DISABILITIES.

PARTICIPANTS JOINED FROM ALL OVER SAN FRANCISCO BAY AREA

-FORMALIZED ABILITIES UNITED INTERNSHIP PROGRAM WITH SAN JOSE STATE UNIVERSITY, AND THE HEALTH SCIENCE & RECREATION DEPARTMENT

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FAMILY SUPPORT:

FAMILY SUPPORT SERVICES HELPS FAMILIES REMAIN TOGETHER AND GROW TOGETHER, AS A STRONG AND HEALTHY UNIT. SUPPORT IS PROVIDED THROUGH AFTER SCHOOL SOCIALIZATION SERVICES, RESPITE / HOME COMPANION SERVICES, AND COMPUTER EDUCATION CLASSES.

AFTER SCHOOL SOCIALIZATION IS SOCIALIZATION TRAINING AND COMMUNITY-INTEGRATION PROGRAM FOR CHILDREN AND YOUNG ADULTS WHO HAVE A DEVELOPMENTAL DISABILITY, AGES 5 THROUGH 22 YEARS OLD. YEAR ROUND, THIS PROGRAM OFFERS CHILDREN AND YOUNG ADULTS THE OPPORTUNITY TO LEARN DAILY LIVING SKILLS, SOCIAL SKILLS, RECREATIONS SKILLS, AND COMMUNICATION SKILLS TO ENHANCE AND INCREASE THEIR INDEPENDENCE AND TO BE MORE INCLUDED IN THEIR ACADEMIC, SOCIAL AND FAMILY LIFE. PROVIDING A SMALL GROUP ENVIRONMENT AND PERSONALIZED SUPPORTS AND SKILL BUILDING, THE TEAM ASSISTS PARTICIPANTS AS THEY WORK TOWARDS GREATER INDEPENDENCE AND TOWARDS TRANSITIONING TO MORE INCLUSIVE SETTINGS, SUCH AS INTO COMMUNITY AFTERSCHOOL PROGRAMS THAT SERVE CHILDREN AND YOUNG ADULTS FROM ALL WALKS OF LIFE. THIS PROGRAM ALSO RUNS TWO SUMMER CAMPS, SEASONALLY, INCLUDING AN INCLUSIVE SUMMER CAMP IN PARTNERSHIP WITH THE CITY OF PALO ALTO. LAST YEAR 33 CHILDREN AND THEIR FAMILIES WERE

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SERVED.

RESPIRE / HOME COMPANION SERVICES PROVIDE HIGHLY TRAINED HOME COMPANIONS FOR CHILDREN AND ADULTS WITH DISABILITIES, AND PROVIDE RELIEF AND RESPIRE FOR THEIR FAMILY MEMBERS OR PRIMARY CARE PROVIDERS. OUR COMPANIONS WORK IN PRIVATE HOMES AND IN VARIED COMMUNITY SETTINGS THROUGHOUT SANTA CLARA AND SAN MATEO COUNTIES, AND ARE TRAINED, EXPERIENCED AND COMPASSIONATE PROFESSIONALS. THIS TEAM IS DEDICATED TO PROVIDING CARE AND COMPANIONSHIP FOR THE CHILDREN AND ADULTS THEY SERVE, AND ARE TRUSTED SUPPORTS AND PARTNERS FOR PARENTS, FAMILY MEMBERS AND PRIMARY CARE PROVIDERS. RESPIRE / HOME COMPANION SERVICES ARE AVAILABLE FOR SHORTER PERIODS OF TIME OR EXTENDED STAYS, WEEKDAYS AND WEEKENDS, DAY OR NIGHT. SIXTY-FIVE FAMILIES WERE SERVED IN THE LAST YEAR.

COMPUTER EDUCATION PROVIDES A FUN AND SUPPORTIVE ENVIRONMENT FOR INDIVIDUALS AND SMALL GROUPS OF ALL AGES AND ABILITIES TO LEARN AND ENHANCE ACADEMIC, COMPUTER, TECHNOLOGY AND LIFE SKILLS, WITH AN EMPHASIS ON MEASURABLE SKILL BUILDING, COMPUTER SKILLS AND INTERNET SAFETY. COMPUTER EDUCATION OFFERS ACCESSIBLE INSTRUCTION - EACH COMPUTER IN THE LAB IS WHEELCHAIR ACCESSIBLE AND EQUIPPED WITH SPECIALLY DESIGNED EQUIPMENT AND ACCESSORIES TO ACCOMMODATE LIMITED RANGE OF MOTION, VISUAL OR HEARING IMPAIRMENT, AS WELL AS OTHER NEEDS. OUR LAB ALSO FEATURES SOFTWARE DESIGNED FOR THOSE WITH DISABILITIES, ACCESSIBILITY NEEDS OR OTHER LEARNING NEEDS. ADDITIONALLY, THE PROGRAM OFFERS CLASSES AND SERVICES IN LOCAL COMMUNITY SETTINGS, FOR CONVENIENCE AND FURTHER OUTREACH. THIRTY-FIVE INDIVIDUALS WERE SERVED THIS LAST YEAR.

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THIS LAST YEAR, IN FAMILY SUPPORT SERVICES:

-AFTER SCHOOL SOCIALIZATION'S 2ND ANNUAL SEA CAMP, A PARTNERSHIP WITH THE CITY OF PALO ALTO, GROWS AND PROVIDES SUCCESSFUL INCLUSION OPPORTUNITIES FOR THE CITY OF PALO ALTO'S PARK AND RECREATION DEPARTMENT

-RESPITE HOME COMPANION SERVICES PROVIDED OVER 12,000 SUPPORT HOURS TO BAY AREA FAMILIES

-COMPUTER EDUCATION PROVIDED OVER 1,450 CLASS HOURS TO CHILDREN AND ADULTS AT ABILITIES UNITED AND IN THE COMMUNITY

EXPENSES \$ 422,525. INCLUDING GRANTS OF \$ 0. REVENUE \$ 413,840.

FORM 990, PART V, LINE 13, LIST OF STATES WITH QUALIFIED HEALTH PLANS:

CA

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THEN SENT TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY WE DISTRIBUTE THE CONFLICT OF INTEREST STATEMENT FOR COMPLETION BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 1023 AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST AT THE ORGANIZATION'S ADDRESS.

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FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ORGANIZATION'S ADDRESS.

FORM 990, PART XII, LINE 2C

OVERSIGHT OF THE AUDIT

THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.