

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

| | | |
|---|--|---|
| 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 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 525 E CHARLESTON ROAD City or town, state or province, country, and ZIP or foreign postal code PALO ALTO, CA 94306 F Name and address of principal officer: CHARLIE WEIDANZ SAME AS C ABOVE | D Employer identification number 94-1546643 E Telephone number 650.494.0550 G Gross receipts \$ 6,270,995. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| 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

| | | | | |
|-----------------------------|---------|--|--|---------------------------|
| | 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. | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 23 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 23 |
| | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 195 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 618 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 1,759,545. |
| 9 | | Program service revenue (Part VIII, line 2g) | 4,579,214. | 3,716,249. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 83,094. | 131,994. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -15,549. | 18,292. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,406,304. | 6,205,449. |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 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) | 4,840,693. | 4,780,538. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 520,831. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,117,461. | 1,200,760. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,958,154. | 5,981,298. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 448,150. | 224,151. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 3,162,742. | End of Year 2,938,130. |
| | 21 | Total liabilities (Part X, line 26) | 540,630. | 463,458. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 2,622,112. | 2,474,672. |

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 CHARLIE WEIDANZ, EXECUTIVE DIRECTOR Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name ROBERT A. LEE | Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00156212 |
| | Firm's name ▶ ROBERT LEE & ASSOCIATES, LLP Firm's address ▶ 226 AIRPORT PARKWAY SAN JOSE, CA 95110 | Firm's EIN ▶ 27-1155496 Phone no. 408-855-6770 |

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 or note to any line 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.

4a (Code:) (Expenses \$ 2,285,837. including grants of \$) (Revenue \$ 2,404,732.) 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 THE ADULT DAY ACTIVITIES, COMMUNITY CONNECTIONS, INDEPENDENT LIVING SKILLS, AND EMPLOYMENT SERVICES PROGRAMS. LAST YEAR, ADULT SERVICES SERVED 308 MEN AND WOMEN, AND THEIR FAMILIES.

ADULT DAY ACTIVITIES - AT ADULT DAY ACTIVITIES, THE ADULTS WE SERVE CHOOSE FROM A VARIETY OF ACTIVITIES TO EXPERIENCE NEW OPPORTUNITIES AND

4b (Code:) (Expenses \$ 1,211,869. including grants of \$) (Revenue \$ 863,025.) 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 AND MEETING MY MILESTONES SERVICES, THERAPY SERVICES AND MILESTONES PRESCHOOL. LAST YEAR, CHILDREN'S DEVELOPMENT SERVICES SERVED 181 CHILDREN AND THEIR FAMILIES.

EARLY INTERVENTION - THE EARLY INTERVENTION AND MEETING MY MILESTONES PROGRAM OFFERS IN HOME AND CENTER BASED SERVICES FOR CHILDREN FROM BIRTH TO FOUR YEARS OLD THAT HAVE DEVELOPMENT DELAYS OR ARE AT RISK OF DELAY, AND THEIR FAMILIES. THE ORGANIZATION'S MULTI DISCIPLINARY TEAM OF SPECIAL EDUCATORS AND THERAPISTS PROVIDES STRUCTURED DEVELOPMENTAL

4c (Code:) (Expenses \$ 741,471. including grants of \$) (Revenue \$ 345,323.) AQUATIC SERVICES THROUGH THE BETTY WRIGHT AQUATIC CENTER AND THROUGH COMMUNITY PARTNER SITES, INCLUDES CONTINUUM OF CARE SERVICES FOR REHABILITATION AND FITNESS GOALS, AND AN INDIVIDUALIZED SWIM SCHOOL, AND SERVES A DIVERSE CROSS-SECTION OF THE COMMUNITY AND PEOPLE OF ALL ABILITIES. LAST YEAR, AQUATIC SERVICES SERVED 1,107 CHILDREN, ADULTS AND SENIORS.

WARM WATER EXERCISE CAN BENEFIT PEOPLE OF ALL AGES AND ABILITY LEVELS. WHEN SUBMERGED INTO WARM WATER, THE NEARLY WEIGHT FREE ENVIRONMENT ALLOWS MUSCLE RELAXATION, JOINT LUBRICATION, NERVE INTEGRATION AND INCREASED RANGE OF MOTION. SERVICES INCLUDE PERSONALIZED ASSESSMENTS, PERFORMED BY AN AQUATIC PHYSICAL THERAPIST, 1:1 HYDROTHERAPY, SMALL

4d Other program services (Describe in Schedule O.) (Expenses \$ 444,302. including grants of \$) (Revenue \$ 443,110.)

4e Total program service expenses 4,683,479.

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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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? | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</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 25a</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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | | 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? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and checkboxes. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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 or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 1a 23 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 23 | | |
| 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 |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | 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.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | 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 | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | 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? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

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.
 Own website Another's website 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 or note to any line in this Part VII

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

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

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

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) KAREN MOORE PRESIDENT & DIRECTOR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (2) ELLEN SMITH SECRETARY & DIRECTOR | 2.00 | 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 FORMER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (6) JENNIFER HINTON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (7) PIETER KARK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (8) JERE KING FORMER DIRECTOR | 2.00 | 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) ANNE HUSTY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) STAN PARRY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (14) JUDY RICHARDSON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) PATRICK ROMZEK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (16) JEFF CHOW DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (17) WANDA WONG DIRECTOR | 2.00 | 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) CASSY CHRISTIANSON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) STEVE EICHLER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) DAVID KABAKOV DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (22) LINDA CHIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (23) ALEX HUA DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (24) HEIDI FELDMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (25) BRIAN BECKWITH FORMER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (26) LYNDA STEELE FORMER EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 115,206. | 0. | 14,175. |
| 1b Sub-total | | | | | | | | 115,206. | 0. | 14,175. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 115,206. | 0. | 14,175. |

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 358,135. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,980,779. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | 2,338,914. | | | | |
| Program Service Revenue | 2 a FEES FROM GOVERNMENT | Business Code | | | | | |
| | | 624100 | 3,143,339. | 3,143,339. | | | |
| | b PROGRAM SERVICE FEES | 624100 | 570,855. | 570,855. | | | |
| | c CONTRACT REVENUE | 624100 | 2,055. | 2,055. | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 3,716,249. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 131,994. | | | 131,994. | |
| | 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 \$ 358,135. of contributions reported on line 1c). See Part IV, line 18 | a | 84,000. | | | | |
| | | b Less: direct expenses | b | 65,546. | | | |
| c Net income or (loss) from fundraising events | | | 18,454. | | | 18,454. | |
| 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 | -162. | | | -162. | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | -162. | | | | | |
| 12 Total revenue. See instructions. | | 6,205,449. | 3,716,249. | 0. | 150,286. | | |

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 or note to any line 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 | 156,016. | 31,203. | 46,805. | 78,008. |
| 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 | 3,659,201. | 3,180,439. | 197,160. | 281,602. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 673,098. | 576,333. | 41,433. | 55,332. |
| 10 Payroll taxes | 292,223. | 216,881. | 58,167. | 17,175. |
| 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.) | 379,973. | 114,139. | 264,425. | 1,409. |
| 12 Advertising and promotion | 59,819. | 25,806. | 14,662. | 19,351. |
| 13 Office expenses | | | | |
| 14 Information technology | 32,612. | 4,562. | 20,444. | 7,606. |
| 15 Royalties | | | | |
| 16 Occupancy | 119,481. | 93,397. | 18,848. | 7,236. |
| 17 Travel | 146,498. | 144,920. | 1,223. | 355. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 3,088. | | | 3,088. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 76,425. | 55,410. | 16,099. | 4,916. |
| 23 Insurance | 41,737. | 29,984. | 9,115. | 2,638. |
| 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 | 96,432. | 61,998. | 34,434. | |
| b SUPPLIES | 77,434. | 48,696. | 12,694. | 16,044. |
| c TELEPHONE | 53,581. | 39,753. | 11,048. | 2,780. |
| d TRAINING | 38,148. | 27,266. | 7,778. | 3,104. |
| e All other expenses | 75,532. | 32,692. | 22,653. | 20,187. |
| 25 Total functional expenses. Add lines 1 through 24e | 5,981,298. | 4,683,479. | 776,988. | 520,831. |
| 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 or note to any line 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 | 893,116. | 2 | 444,607. |
| | 3 Pledges and grants receivable, net | 148,917. | 3 | 578,617. |
| | 4 Accounts receivable, net | 320,951. | 4 | 413,280. |
| | 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 | 16,731. | 9 | 75,611. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,819,242. | | |
| | b Less: accumulated depreciation | 10b 1,296,543. | 914,547. | 10c 522,699. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 812,444. | 12 | 903,316. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 56,036. | 15 | 0. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 3,162,742. | 16 | 2,938,130. | |
| Liabilities | 17 Accounts payable and accrued expenses | 370,268. | 17 | 290,581. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 114,326. | 19 | 17,806. |
| | 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 | 56,036. | 25 | 155,071. |
| | 26 Total liabilities. Add lines 17 through 25 | 540,630. | 26 | 463,458. |
| 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 | 1,464,251. | 27 | 1,059,996. |
| | 28 Temporarily restricted net assets | 349,950. | 28 | 601,765. |
| | 29 Permanently restricted net assets | 807,911. | 29 | 812,911. |
| | 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 | 2,622,112. | 33 | 2,474,672. | |
| 34 Total liabilities and net assets/fund balances | 3,162,742. | 34 | 2,938,130. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6,205,449. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,981,298. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 224,151. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,622,112. |
| 5 | Net unrealized gains (losses) on investments | 5 | -371,591. |
| 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 | 2,474,672. |

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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.
- 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?
- b 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

| | Yes | No |
|----|-----|----|
| | | |
| 2a | | X |
| | | |
| 2b | X | |
| | | |
| 2c | X | |
| | | |
| 3a | | X |
| | | |
| 3b | | |

Form 990 (2013)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **ABILITIES UNITED** Employer identification number **94-1546643**

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? | | |
| (ii) A family member of a person described in (i) above? | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | | |
- 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 | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1711725. | 1676397. | 1187136. | 1448851. | 1980779. | 8004888. |
| 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 | 1711725. | 1676397. | 1187136. | 1448851. | 1980779. | 8004888. |
| 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) | | | | | | 1482133. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 6522755. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 1711725. | 1676397. | 1187136. | 1448851. | 1980779. | 8004888. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 12,445. | 19,786. | 16,826. | 49,228. | 131,994. | 230,279. |
| 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 | | | | | | 8255783. |
| 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 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 79.01 % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 88.75 % |
| 16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2013. 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 - 2012. 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

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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 ABILITIES UNITED | Employer identification number 94-1546643 |
|---|---|

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-. |
|----------|-------------|---------|---|--|
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013
LHA

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 | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | 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. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | 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. | | |
| 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? | | | | | | | | | | | | | | |

Yes 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (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 | | | | | |

Schedule C (Form 990 or 990-EZ) 2013

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 | | |
| 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

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:

EXPLANATION: 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 TO THEIR SENATORS TO EXPRESS THEIR ADVOCACY FOR PEOPLE WITH DISABILITIES AND TO LEARN MORE ABOUT LEGISLATIVE ACTIONS THAT HAVE AN IMPACT ON PEOPLE WITH

Part IV Supplemental Information (continued)

DISABILITIES. THESE ACTIVITIES ARE INSIGNIFICANT TO THE ORGANIZATION'S
OVERALL ACTIVITIES.

Lined area for supplemental information.

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013
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.

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

| | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 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 |
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- 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.

- 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.
 - 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 | ▶ \$ _____ |
- 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 | 812,444. | 771,460. | 800,239. | 782,081. | 787,121. |
| b Contributions | 5,000. | 2,500. | 15,830. | 7,500. | 3,500. |
| c Net investment earnings, gains, and losses | 141,075. | 88,697. | 3,518. | 10,658. | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 45,000. | 40,980. | 38,661. | | 8,540. |
| f Administrative expenses | 10,203. | 9,233. | 9,466. | | |
| g End of year balance | 903,316. | 812,444. | 771,460. | 800,239. | 782,081. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 90.00 %
 - c Temporarily restricted endowment 10.00 %
- 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:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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 | | 1,253,601. | 1,017,790. | 235,811. |
| d Equipment | | 565,641. | 278,753. | 286,888. |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 522,699.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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 | 903,316. | END-OF-YEAR MARKET VALUE |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 903,316. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) LOC | 155,071. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 155,071. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 5,860,750. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | -371,591. |
| b | Donated services and use of facilities | 2b | 26,892. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | -344,699. |
| 3 | Subtract line 2e from line 1 | 3 | 6,205,449. |
| 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 | 6,205,449. |

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 6,008,190. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 26,892. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 26,892. |
| 3 | Subtract line 2e from line 1 | 3 | 5,981,298. |
| 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 | 5,981,298. |

Part XIII Supplemental Information.

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:

EXPLANATION: 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. AS OF JUNE 30, 2014 MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS.

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 (event type) | AQUATHON (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 320,969. | 121,166. | 442,135. |
| | 2 | Less: Contributions | 236,969. | 121,166. | 358,135. |
| | 3 | Gross income (line 1 minus line 2) | 84,000. | | 84,000. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | 31,891. | | 31,891. |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 28,550. | 5,105. | 33,655. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 65,546. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | 18,454. | |

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)) |
|-----------------|--|---|---|---|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 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. Subtract line 7 from line 1, column (d) | | | | |

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 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

ABILITIES UNITED

Employer identification number

94-1546643

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

LEARN. THE ADULTS WE SERVE PARTICIPATE IN ACTIVITIES TO LEARN
HOUSEHOLD TASKS SUCH AS SHOPPING, COOKING, LAUNDRY, CLEANING, AND
GARDENING; COMMUNITY LIFE SKILLS LIKE TRANSPORTATION USAGE AND
RESTAURANT DINING; AND HOW TO ACCESS COMMUNITY RESOURCES SUCH AS
LIBRARIES, MUSEUMS, THEATRES, PARKS, AND OTHER PUBLIC AREAS. THE MEN
AND WOMEN WE SERVE MAKE THEIR OWN GOALS, CHOICES, AND DECISIONS WITH
WHATEVER SUPPORT AND ASSISTANCE THEY NEED FROM THEIR FAMILY, FRIENDS,
AND ADULT DAY ACTIVITIES STAFF.

COMMUNITY CONNECTIONS - AS A MEMBER OF THE COMMUNITY, THE MEN AND WOMEN
WE SERVE HAVE ACCESS TO MANY FREE PUBLIC RESOURCES AND ACTIVITIES.
THEY CAN CHOOSE FROM A VARIETY OF SOCIAL AND VOLUNTEER ACTIVITIES THAT
LET THEM GIVE BACK TO THEIR COMMUNITY. THEY ALSO HAVE OPPORTUNITIES TO
MAKE NEW FRIENDS AND LEARN EXCITING NEW THINGS. AT COMMUNITY
CONNECTIONS, THE ADULTS WE SERVE CAN VOLUNTEER AT DOZENS OF LOCAL
ORGANIZATIONS, LEARN NEW THINGS IN THE ORGANIZATION'S EDUCATIONAL
SERIES, AND DEVELOP COMMUNICATION SKILLS WHEN THEY HELP PRODUCE THE
COMMUNITY CONNECTIONS CABLE TV SHOW AND NEWSLETTERS.

INDEPENDENT LIVING SKILLS - THE MEN AND WOMEN WE SERVE ALREADY HAVE
MANY LIFE SKILLS, BUT IF THERE ARE OTHERS THEY WOULD LIKE TO DEVELOP,
THE ORGANIZATION CAN ASSIST IN ACQUIRING THEM. IN INDEPENDENT LIVING
SKILLS (ILS), ADULTS WORK ONE ON ONE WITH THEIR ADULT SERVICES
SPECIALISTS TO LEARN THE ADDITIONAL DAILY LIVING SKILLS THEY NEED TO BE
AS INDEPENDENT AS POSSIBLE.

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EMPLOYMENT SERVICES - FOR THOSE ADULTS LOOKING FOR PAID EMPLOYMENT, THE ORGANIZATION IS HERE TO SUPPORT THEM. THIS PROGRAM ASSISTS MEN AND WOMEN ATTAIN WORK SKILLS TO COMPLEMENT THOSE THEY ALREADY HAVE. MANY PEOPLE SEEK TO HAVE A JOB THAT THEY LIKE AND VALUE; THUS ADULT SERVICES SPECIALISTS SPEND A LOT OF TIME WITH THE PEOPLE THEY SERVE TO DETERMINE WHAT SKILLS THEY ALREADY HAVE AND WHICH ONES THEY NEED TO DEVELOP TO GET THE JOB THEY WANT. PEOPLE SERVED MAY HAVE ACCESS TO JOB DEVELOPMENT SERVICES TO WORK WITH THEM TO APPLY FOR THE JOB THEY CHOOSE, AND WHEN THEY'RE HIRED, THEIR ADULT SERVICES SPECIALISTS WILL BE THERE UNTIL THEY ARE READY TO GO SOLO.

THIS LAST YEAR, IN ADULT SERVICES:

- EMPLOYMENT SERVICES PARTNERED WITH LEVI'S STADIUM, HOSTING TWO JOB FAIRS THAT OFFERED HUNDREDS OF PEOPLE THE OPPORTUNITY TO APPLY AND INTERVIEW FOR POSITIONS AT THE NEW 49ER STADIUM. ABILITIES UNITED IS A PARTNER OF CHOICE FOR LEVI'S STADIUM

- THROUGH COMMUNITY CONNECTIONS VOLUNTEER OPPORTUNITIES AND PROGRAM CURRICULUM, THIS YEAR 6 PEOPLE OUT OF 35 INDIVIDUALS PARTICIPATING IN THE PROGRAM ARE READY TO BE PLACED IN COMPETITIVE, INDEPENDENT EMPLOYMENT

- COMMUNITY CONNECTIONS' TELEVISION PROGRAM, ABILITIES UNITED PRESENTS: COMMUNITY CONNECTIONS, WITH DR. TEMPLE GRANDIN WON THE 2014 HOMETOWN MEDIA AWARD, A NATIONAL AWARD RECOGNIZING THE BEST COMMUNITY MEDIA PROGRAMMING ACROSS THE COUNTRY

- JOB DEVELOPER JACKIE FRATANGELO WAS RECOGNIZED AS SUPPORT STAFF OF THE YEAR AT SAN ANDREAS REGIONAL CENTER'S SERVICE ABOVE SELF AWARDS

DINNER

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- COMMUNITY CONNECTIONS PARTICIPANTS PRODUCED, SCRIPTED, AND FILMED THEIR FIRST VIDEO, "WHY VOLUNTEER?"
- THE DEPARTMENT OF REHABILITATION RECOGNIZED ABILITIES UNITED AS AGENCY OF THE YEAR AS A RESULT OF THEIR COLLABORATION WITH THE EMPLOYMENT SERVICES PROGRAM
- 30 INDIVIDUALS WERE PLACED IN COMPETITIVE, INDEPENDENT EMPLOYMENT IN THE BAY AREA IN FY 14
- EMPLOYMENT SERVICES ESTABLISHED 19 NEW BUSINESS PARTNERS IN FY 14 INCLUDING TESLA MOTORS, LEVI'S STADIUM, AND EVERGREEN VET CLINIC
- WE ARE CURRENTLY PARTNERING WITH OVER 50 NONPROFITS TO PROVIDE VOLUNTEER OPPORTUNITIES TO PEOPLE WE SERVE IN OUR COMMUNITY CONNECTIONS PROGRAM.
- 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 CONFERENCES AND OPPORTUNITIES TO MEET THEIR LEGISLATURES ACROSS THE STATE
- ADULT SERVICES' ADVOCACY GROUP HAS PARTNERED WITH AREA BOARD 7, SAN ANDREAS REGIONAL CENTER, AND GOLDEN GATE REGIONAL CENTER TO PROVIDE INFORMATIONAL WORKSHOPS AND VENUES FOR INDIVIDUALS' VOICES TO BE HEARD
- 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.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
AND EDUCATIONAL OPPORTUNITIES. PARENT PARTICIPATION AND EXTENSIVE

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FAMILY SUPPORT ARE INTEGRAL PARTS OF THIS SERVICE. THE ORGANIZATION SERVES FAMILIES THROUGHOUT THE BAY AREA. NON-ENGLISH SPEAKING FAMILIES WORK DIRECTLY WITH THE ORGANIZATION'S SPANISH BILINGUAL/BICULTURAL STAFF.

MILESTONES PRESCHOOL - 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 PRESCHOOL IS AN INCLUSIVE PROGRAM SERVING SMALL GROUPS OF CHILDREN WITH AND WITHOUT DEVELOPMENTAL DELAYS OR RISK FACTORS. THE PROGRAM STRESSES INDIVIDUAL GROWTH AND PROGRESS IN A DEVELOPMENTALLY FOCUSED PROGRAM TO GAIN ACCESS TO SPECIALIZED SERVICES, AND EXPAND THE VARIETY OF SOCIAL SITUATIONS AVAILABLE TO THEMSELVES AND THEIR CHILDREN. THE COMMUNITY HAS AN OPPORTUNITY TO INCREASE THEIR UNDERSTANDING OF DEVELOPMENTALLY APPROPRIATE PRACTICES IN CHILD DEVELOPMENT.

THERAPY CLINIC - THE THERAPY CLINIC OFFERS QUALITY DEVELOPMENTAL AND THERAPEUTIC SERVICES FOR CHILDREN FROM BIRTH TO 5 YEARS OF AGE, FOR PRIVATE PAY, IN A CLINIC SETTING. THE ORGANIZATION BELIEVES IN A FAMILY-ORIENTED, COLLABORATIVE APPROACH THAT EMPHASIZES PARENT/CAREGIVER INVOLVEMENT AND PARTNERSHIP WITH OTHER PROFESSIONALS WHO WORK WITH THE CHILDREN. THE ORGANIZATION'S THERAPISTS AND STAFF ARE TRAINED PEDIATRIC SPECIALISTS WITH EXTENSIVE EXPERIENCE AND KNOWLEDGE REGARDING RESOURCES AND INTERVENTIONS FOR YOUNG CHILDREN. IN COLLABORATION WITH OTHER EARLY CHILDHOOD PROFESSIONALS, THE THERAPY CLINIC PROVIDES HIGH QUALITY THERAPEUTIC (OCCUPATIONAL, PHYSICAL, SPEECH, VOCATIONAL THERAPIES) SERVICES THAT IMPROVE THE QUALITY OF LIFE FOR THE CHILDREN AND THEIR FAMILIES.

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THIS LAST YEAR, IN CHILDREN'S DEVELOPMENT SERVICES:

- CHILDREN'S DEVELOPMENT SERVICES REPRESENTS FOR THE ENTIRE EARLY

INTERVENTION FIELD IN "WATCH ME GROW", A MULTI-DISCIPLINARY

COLLABORATIVE HOSTED BY STANFORD

- MILESTONES PRESCHOOL COMPLETED ITS FIRST SUCCESSFUL CYCLE OF

SCHOLARSHIPS IN FY 14, WHICH HELPED 8 FAMILIES IN NEED GAIN ACCESS TO

HIGH QUALITY INCLUSIVE EARLY CHILDHOOD EDUCATION AND SUPPORT SERVICES

- EARLY INTERVENTION PROVIDED SERVICES TO OVER 10 CHILDREN THROUGH THE

MEETING MY MILESTONES PROGRAM. THESE CHILDREN WOULD NOT HAVE RECEIVED

SERVICES DESPITE HAVING DEVELOPMENTAL DELAYS BY THE AGE OF 3

- ALL PROGRAMS IN CHILDREN'S DEVELOPMENT SERVICES HAVE BENEFITED FROM

IN-CLASS AND SEMINAR STYLE TRAINING SINCE JANUARY 2014 FOR INTEGRATION

OF MOTIVATION-BASED BEHAVIORAL TECHNIQUES AND OTHER SOCIAL SKILLS

TREATMENTS FOR CHILDREN, WITH DR. GRACE GENGOUX AND HER TEAM FROM THE

STANFORD AUTISM CENTER AT LPCH. ADDITIONALLY, ABILITIES UNITED IS

OFFERING PARTNERSHIP SUPPORT FOR DR. GRACE GENGOUX'S PROJECT, TITLED

"SOCIAL MOTIVATION INTERVENTION FOR CHILDREN WITH AUTISM SPECTRUM

DISORDER: IMPROVING PEER INITIATION", AN EXCITING EXTENSION OF DR.

GENGOUX'S WORK WITH THE DEPARTMENT

- EARLY INTERVENTION BEGAN A PARTNERSHIP WITH FAMILY CONNECTIONS

PRESCHOOL, INVOLVING CO-TEACHING WITH THEIR EDUCATORS IN THEIR

CLASSROOMS, AND ENABLING FAMILY CONNECTIONS TO INCLUDE CHILDREN WITH A

GREATER RANGE OF ABILITIES IN THEIR PRESCHOOL, SERVING MENLO PARK AND

EAST PALO ALTO

- MILESTONES PRESCHOOL MATRICULATED A PRE-KINDERGARTEN CLASS OF 15

CHILDREN. 95% OF THE CLASS ENROLLED IN MAINSTREAM KINDERGARTEN

CLASSROOMS

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Schedule O (Form 990 or 990-EZ) (2013)

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- LUCILE 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

- 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:

GROUP FITNESS CLASSES, ADAPTED AQUATICS, AND BOTH 1:1 AND SEMI-PRIVATE SWIM LESSONS FOR CHILDREN.

ADDITIONALLY, AQUATIC SERVICES DEVELOPED AND PROVIDED A DROWNING PREVENTION PROGRAM FOR SUMMER 2014 AT THE HOOVER COMMUNITY POOL IN REDWOOD CITY, WITH THE FOCUS ON TEACHING AT-RISK CHILDREN OF ALL ABILITIES WATER SAFETY, DROWNING SURVIVAL AND SWIMMING TECHNIQUES.

IN OCTOBER OF 2013, THE POOL AT THE BETTY WRIGHT SWIM CENTER, AT ABILITIES UNITED, WAS CLOSED DUE TO AGE RELATED PIPING INFRASTRUCTURE DAMAGE. AS A RESULT OF THE CLOSURE, AQUATIC SERVICES HAVE TRANSITIONED TO LIMITED AVAILABILITY OF TIME AT SATELLITE LOCATIONS. THE ORGANIZATION CONTINUES TO PROVIDE CONTINUUM OF CARE SERVICES AND INDIVIDUALIZED SWIM SCHOOL CLASSES VIA SATELLITE SERVICES AT OUR COMMUNITY PARTNERS' POOLS, LOCATED IN SAN JOSE AT THE TIMPANY CENTER, IN PORTOLA VALLEY AT THE SEQUOIAS, AND IN PALO ALTO AT CHANNING HOUSE. SERVICES ARE AVAILABLE TO CHILDREN, ADULTS AND SENIORS WITH AND WITHOUT DISABILITIES.

THIS LAST YEAR IN AQUATIC SERVICES:

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- AQUATICS SOLIDIFIED FIVE PARTNERSHIPS FOR SATELLITE SERVICES IN FY 14
- THE TIMPANY CENTER IN SAN JOSE, DACA IN CUPERTINO, HOOVER COMMUNITY POOL IN REDWOOD CITY, CHANNING HOUSE IN PALO ALTO, AND THE SEQUOIAS IN PORTOLA VALLEY TO BEST MEET THE COMMUNITY NEEDS FOR AQUATIC THERAPY AND REHABILITATION, AQUATIC FITNESS, SWIM LESSONS AND DROWNING PREVENTION CLASSES - 1107 PEOPLE SERVED
- ABILITIES UNITED AND CITY OF REDWOOD CITY PARTNERED TO RE-OPEN HOOVER COMMUNITY POOL, AND OFFER EVIDENCE-BASED-BEST-PRACTICE DROWNING PREVENTION PROGRAMMING IN SUMMER OF 2014, TO 400 CHILDREN AND 200 FAMILY MEMBERS
- AQUATICS SECURED THE PALO ALTO MEDICAL ENDOWMENT GRANT FOR THE PILOT PROGRAM: TRACK MY HEALTH

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 FAMILY SUPPORT SERVICES HELPS FAMILIES REMAIN TOGETHER AND GROW TOGETHER, AS A STRONG AND HEALTHY UNIT. SUPPORT IS PROVIDED THROUGH OF AFTER SCHOOL SOCIALIZATION, COMPUTER LAB EDUCATION, AND RESPITE PROGRAMS. LAST YEAR, FAMILY SUPPORT SERVICES SERVED 145 MEN, WOMEN AND CHILDREN AND THEIR FAMILY MEMBERS.

AFTER SCHOOL SOCIALIZATION - AFTER SCHOOL SOCIALIZATION IS A SOCIALIZATION TRAINING AND COMMUNITY INTEGRATION SERVICE FOR CHILDREN AND YOUNG ADULTS; AGE 5 TO 22 YEARS OLD, WHO HAVE A DEVELOPMENTAL DISABILITY. EACH DAY OFFERS CHILDREN AND YOUNG ADULTS THE OPPORTUNITY TO LEARN THE DAILY LIVING SKILLS THAT HELP THEM DO BETTER IN SCHOOL, BECOME MORE INDEPENDENT, SOCIALIZE WITH THEIR PEERS, AND TRANSITION INTO COMMUNITY AFTERSCHOOL PROGRAMS THAT SERVE CHILDREN FROM ALL WALKS OF LIFE. ADDITIONALLY, THIS PROGRAM OFFERS TWO SUMMER CAMPS - ONE

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LOCATED AT ABILITIES UNITED AND AN INCLUSIONARY SUMMER CAMP IN PARTNERSHIP WITH THE CITY OF PALO ALTO, LOCATED IN VARIOUS COMMUNITY SETTINGS.

COMPUTER EDUCATION - THE ORGANIZATION'S COMPUTER EDUCATION PROGRAM OFFERS ACCESSIBLE COMPUTER AND TECHNOLOGY CLASSES TO HELP MEN, WOMEN AND CHILDREN OF ALL AGES AND ALL ABILITIES DEVELOP THEIR EVERYDAY LIVING SKILLS AND INCREASE THEIR LEVEL OF INDEPENDENCE THROUGH TRAINING IN COMPUTER ACCESS, ACADEMIC AND DAILY LIVING SKILLS. CLASSES MAY BE 1:1 OR SMALL GROUP, AND CAN BE CUSTOMIZED BASED ON AN INDIVIDUAL'S GOALS. EACH COMPUTER STATION AT THE CAMPUS CLASSROOM IS WHEELCHAIR ACCESSIBLE AND EQUIPPED WITH SPECIALLY DESIGNED KEYBOARDS, MICE AND MONITORS TO ACCOMMODATE LIMITED RANGE OF MOTION, VISUAL AND HEARING IMPAIRMENT, OR OTHER SPECIAL NEEDS. SOFTWARE USED BY THE ORGANIZATION IS SPECIALLY DESIGNED FOR PEOPLE WITH DISABILITIES OR ACCESSIBILITY CHALLENGES. A VARIETY OF EDUCATIONAL SOFTWARE PACKAGES DESIGNED BY EDUCATION SPECIALISTS ARE UTILIZED TO TEACH THE VARIOUS SKILL SETS. COMPUTER EDUCATION CLASSES CAN ALSO BE ACCESSED IN THE COMMUNITY AT COMMUNITY PARTNER LOCATIONS.

RESPIRE - RESPIRE SERVICES PROVIDE HIGHLY TRAINED HOME COMPANIONS FOR FAMILIES CARING FOR A FAMILY MEMBER WITH A DEVELOPMENTAL OR OTHER DISABILITY. THE ORGANIZATION'S COMPANIONS WORK IN PRIVATE HOMES AND IN VARIED COMMUNITY SETTINGS THROUGHOUT SANTA CLARA AND SAN MATEO COUNTIES. THE ORGANIZATION'S COMPASSIONATE HOME COMPANIONS GIVE RESPIRE TO PARENTS AND OTHER PRIMARY CARE GIVERS OF PEOPLE OF ALL AGES WITH DEVELOPMENTAL AND OTHER DISABILITIES.

THIS LAST YEAR, IN FAMILY SUPPORT SERVICES:

- AFTER SCHOOL SOCIALIZATION'S 3RD ANNUAL SEA CAMP, A PARTNERSHIP WITH

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THE CITY OF PALO ALTO, GROWS AND PROVIDES SUCCESSFUL INCLUSION OPPORTUNITIES FOR THE CITY OF PALO ALTO'S PARK AND RECREATION DEPARTMENT

- HOME COMPANIONS PROVIDED RESPITE SERVICES TO 57 FAMILIES IN SAN MATEO AND SANTA CLARA COUNTIES

- APPROXIMATELY 8,500 OF RESPITE HOURS PROVIDED FROM HOME COMPANIONS THIS LAST YEAR TOOK PLACE IN THE COMMUNITY

- AFTER SCHOOL SOCIALIZATION PROGRAM EXPANDED THEIR INCLUSIVE SUMMER CAMP WITH THE CITY OF PALO ALTO, SEA CAMP, TO INCLUDE EVEN MORE FIELD TRIPS - 9 IN TOTAL!

- WE ARE CURRENTLY PARTNERING WITH OVER 50 NONPROFITS TO PROVIDE VOLUNTEER OPPORTUNITIES TO PEOPLE WE SERVE IN OUR COMMUNITY CONNECTIONS PROGRAM

- COMPUTER EDUCATION ESTABLISHED A SUCCESSFUL PARTNERSHIP WITH PALO ALTO HOUSING CORPORATION AND PROVIDED 2 EIGHT-WEEK SESSIONS, ONE 4-WEEK SESSION, AND ONE "OPEN HOUSE" TUTORIAL ON USING WINDOWS 8 TO RESIDENTS OF SHERIDAN APARTMENTS - SERVING A TOTAL OF 32 PEOPLE THROUGH THAT PARTNERSHIP ALONE

IN ADDITION TO THE ACCOMPLISHMENTS THAT TOOK PLACE WITHIN THE PROGRAMS, THERE WERE SOME ACHIEVEMENTS THAT SPANNED THE AGENCY:

- ABILITIES UNITED WAS A KEYNOTE SPEAKER AT THE INAUGURAL SYMPOSIUM FOR THE STANFORD/PACKARD I/DD CENTER IN 2014, SPEAKING TO THE POWER OF PARTNERSHIPS FOR ENHANCING QUALITY OF LIFE AND EXPANDING OPPORTUNITIES FOR CHILDREN, ADULTS AND SENIORS WITH DISABILITIES.

- IN SPRING 2014, ABILITIES UNITED EARNED THE COVETED "EXEMPLARY AWARD" FROM CARF INTERNATIONAL ALONG WITH A THREE-YEAR ACCREDITATION

EXPENSES \$ 444,302. INCLUDING GRANTS OF \$ 0. REVENUE \$ 443,110.

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

CA

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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:

EXPLANATION: ANNUALLY WE DISTRIBUTE THE CONFLICT OF INTEREST STATEMENT FOR COMPLETION BY THE BOARD OF DIRECTORS.

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

EXPLANATION: THE COMPENSATION COMMITTEE REVIEWS THE COMPASION FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 18:

EXPLANATION: THE ORGANIZATION'S FORM 1023 AND FORM 990 ARE AVAILABLE ON THE ORGANZIATION'S WEBSITE AND UPON REQUEST AT THE ORGANIZATION'S ADDRESS. THIS INFORMATION CAN ALSO BE FOUND ON THE CHARITY NAVIGATOR WEBSITE.

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

EXPLANATION: ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ORGANIZATION'S ADDRESS.

990 FORM PART XII 2C

EXPLANATION: THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

