See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
National Ability Center

Employer identification number
94-3025807

Part III, line 4a

Our alpine skiing, snowboarding and competitive alpine team provide over 4,500 lessons each season to approximately 1,000 individuals with disabilities We serve all types of disabilities and have equipment for use in our programs

Part III, line 4b

Our equestrian and hippo therapy programs provide over 4,500 lessons year round to individuals with disabilities In addition to the recreational aspect, our therapy provided through these programs is providing phenomenal results to our participants in improving their health and well being

Part III, line 4c

Our adventure learning, leadership and discovery camps provide team building and experiential opportunities that are not only fun but teach individuals with disabilities leadership skills that can be used in their every day life

Part VI, line 6

Members are non-voting,. Members are members to participate in programs

Part VI, line 11a

The financial statements are audited by an outside, independent accounting firm, the 990 is prepared based on the audited financial statements by an independent tax preparation firm, review by the CFO and executive direct

Part VI line 15a

When the ED was hired, a poll of similar organizations, salary was based on that poll

Part VI, line 19

Document are sent upon request by the most convenient way possible

Part VIL, section A

Board of directors are not paid, estimate of hours are based on meeting every other month usually about 4 hours

Part IX, line 24f

N/A, no amounts listed.

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Mar. 25, 2011 LTR 2694C 0 R
94-3025807 201008 67
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NATIONAL ABILITY CENTER
PO BOX 682799
PARK CITY UT 84068

RECD REJECT CORR MAY 18 2011

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee — Date: 5/11/2011

Executive Director
Title