

Ability Connection Texas 8802 Harry Hines Blvd. Dallas, TX 75235-1716 Attention: Ms. Laura Mahaley

Dear Laura:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

### FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2023.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Paul D. Knutson

## Form 8879-TF

### IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL~1~, 2021, and ending JUN~30~, 2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information. Name of filer

EIN or SSN ABILITY CONNECTION TEXAS 75-0875525

LAURA MAHALEY Name and title of officer or person subject to tax CFO

### Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I

iai i Oi	ic iii c ii i ait i.			
1a	Form 990 check here > X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<sub>.</sub> 1ь1 <u>5,388,816</u> .
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here >		Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here >	b	Total tax (Form 4720, Part III, line 1)	. 7b
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part Part	II Declaration and Signate	ure	Authorization of Officer or Person Subject to Tax	
Inder	penalties of perjury, I declare that $oxed{X}$	] I aı	m an officer of the above entity or 🔲 I am a person subject to tax with res	spect to (name
f entit	y)		, (EIN) and that I hav	e examined a copy of the
021 e	ectronic return and accompanying sch	nedu	les and statements, and, to the best of my knowledge and belief, they are tr	ue. correct. and

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box on
-----------------------

one one box only		
X   authorize HOWARD, LLP	to enter my PIN	75525
ERO firm name		Enter five numbers, bu do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

gnature of officer or person subject to tax

### Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

75476275231

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature  $\blacktriangleright$  HOWARD, LLP

Date > 05/11/23

### **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print ABILITY CONNECTION TEXAS 75-0875525 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 8802 HARRY HINES BLVD. return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. DALLAS, TX 75235-1716 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) LAURA MAHALEY • The books are in the care of ▶ 8802 HARRY HINES BLVD. - DALLAS, TX 75235-1716 Telephone No. ► 214-351-2500 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning JUL 1, 2021 \_\_\_ , and ending <u>JUN</u> 30 , 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

### EXTENDED TO MAY 15, 2023

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30

Open to Public Inspection

OMB No. 1545-0047

A I	For the	e 2021 calendar year, or tax year beginning 🤍 J	JL 1, 2021 and	ending J	UN 30, 2022			
В	Check if applicabl	C Name of organization			D Employer identifi	ication number		
	Addre	B ABILITY CONNECTION TEXA						
F	Name				75-08755	25		
	Initial return	Number and street (or P.O. box if mail is not deli	Room/suite	E Telephone numbe				
	Final return		·		214-351-	2500		
	termir ated	City or town, state or province, country, and a	ZIP or foreign postal code		G Gross receipts \$	15,462,670.		
	Amen return	DALLAS, IX /3233-1/10			H(a) Is this a group r			
	Application pendi	F Name and address of principal officer: LAU	for subordinates? Yes X No					
_		SAME AS C ABOVE	4		<b>H(b)</b> Are all subordinates i			
			<b></b> (insert no.)	or 527	1 '	a list. See instructions		
		te: ► WWW.ABILITYCONNECTION.C  organization: X Corporation Trust As:	sociation Other	I. V.	H(c) Group exemption			
	art I	Summary	Sociation United	L Year	of formation: 1933[1	M State of legal domicile; TX		
		Briefly describe the organization's mission or most	eignificant activities. THE N	MTGGTO	N OF ARTITO	<u>v</u>		
e S	1	CONNECTION IS TO ENRICH TH						
Jan	2	Check this box  if the organization discor						
Governance	3	Number of voting members of the governing body (			3	1		
ලි	4	Number of independent voting members of the gov						
<u>ფ</u>	5	Total number of individuals employed in calendar ye				124		
iŧie	6	Total number of volunteers (estimate if necessary)				300		
Activities &	7 a	Total unrelated business revenue from Part VIII, col						
	b	Net unrelated business taxable income from Form 9				0.		
					Prior Year	Current Year		
<b>o</b>	8	Contributions and grants (Part VIII, line 1h)			10,119,400.			
ine	9	Program service revenue (Part VIII, line 2g)			1,790,530.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			7,986.			
<u></u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		997,245.	956,853.		
	12	Total revenue - add lines 8 through 11 (must equal I			12,915,161.	15,388,816.		
	13	Grants and similar amounts paid (Part IX, column (A		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A)			0.			
es	15	Salaries, other compensation, employee benefits (P			5,000,208.	<del> </del>		
Expenses	16a	Professional fundraising fees (Part IX, column (A), lii	004 00		0.	0.		
Ä	_b	Total fundraising expenses (Part IX, column (D), line	-		6,888,010.	7,718,175.		
_	''	Other expenses (Part IX, column (A), lines 11a-11d, Total expenses. Add lines 13-17 (must equal Part IX			11,888,218.			
	19	Revenue less expenses. Subtract line 18 from line 1			1,026,943.	2,078,790.		
		rievende less expenses. Subtract line 10 nom line	<u> </u>		ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)			4,601,527.	5,821,548.		
Ass	21	T 1 11 1 1111 (D 1 2 1 1 0 0 )			1,526,926.	668,157.		
Set .	22	Net assets or fund balances. Subtract line 21 from			3,074,601.	5,153,391.		
Pa	art II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return,	ncluding accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	ich preparer	has any knowledge.			
		Circulture of afficient			Data			
Sign		Signature of officer			Date			
Hei	e	LAURA MAHALEY, CFO						
		Type or print name and title	D	Ir	Date Check [	PTIN		
De!	4	Print/Type preparer's name	Preparer's signature	1	S/11/23 Check [ f self-emplo			
Paid		PAUL D. KNUTSON  Firm's name  HOWARD, LLP		U		yed <u>P00542807</u> 20-2257536		
	parer Only	Firm's name ► HOWARD, LLP Firm's address ► 7557 RAMBLER ROAI	, SUITE 600		Firm's EIN ▶	<u> </u>		
096	Jilly	DALLAS, TX 75231	,, DOLLE 000		Phone no (2	14) 346-0750		
— Mar	v the II	RS discuss this return with the preparer shown above	re? See instructions		T HOUSE HO. \ Z	X Yes No		

Check if Schedule Contains a response or note to any line in this Part III  Birely describe the originations mission:  THE MISSION OF ABILITY CONNECTION IS TO ENRICH THE LIVES OF PEOPLE  WITH DISABILITIES ONE PERSON AT A TIME. THE CORNERSTONE OF OUR  PROGRAMS ARE THE CORE VALUES OF COMPASSION, RESPECT AND RESULTS  THROUGH A PERSONALIZED APPROACH TO ADDRESS EACH MEMBER'S INDIVIDUAL  Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 £27  If 'Yes,' describe these new services on Schedule O.  Dot the organization cease condicting, or make significant changes in how it conducts, any program services, as measured by openess.  Section \$201(5)(3) and \$91(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  review. d. d. (1) or each prioring service seconglishments for each of its three largest program services, as measured by openess.  Section \$201(5)(3) and \$91(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  review. d. d. (1) or each prioring service report the amount of grants and allocations to others, the total expenses, and  review. d. d. (1) or each prioring service report the amount of grants and allocations to others, the total expenses, and  review. d. d. (1) or each prioring service (1) or specific the amount of grants and allocations to others, the total expenses, and  review. d. d. (1) or each prioring service (1) or specific the amount of grants and allocations to others, the total expenses, and  review. d. d. (1) or each prioring service (1) or each of its three largest program services, and  review. d. d. (1) or each prioring service (1) or each of its three largest program services on the services.  PROVIDER OR IN SMALL GROUP HOME SETVICES (ICS) PROGRAM AT ABILITY  CONNECTION TO SMALL GROUP HOME SETVICES. AND CASE MANAGEMENT.  CARE, ADAPTIVE AID. EMPLOYMENT SERVICES. AND CASE MANAGEMENT.  CARE,	Pai	t III Statement of Program Service Accomplishments
HEM MISSION OF ABILITY CONNECTION IS TO ERRICH THE LIVES OF PEOPLE WITH DISABILITIES ONE PERSON AT A TIME. THE CORNENSTONE OF OUR PROGRAMS ARE THE CORE VALUES OF COMPASSION, RESPECT AND RESULTS THROUGH A PERSONALIZED APPROACH TO ADDRESS EACH MEMBER'S INDIVIDUAL  Did the organization undertake any significant program services during the year which were not listed on the prior form 950 or 950 E2?  I'ves, 'Georgie these changes on Schedule O.  Did the organization causes conducting, or make significant changes in how it conducts, any program services on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 950(5)3 and 551(6)4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 950(6)3 and 551(6)4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service apported.  A (case   1) [successes   3,345,417. restarganizes   1,803,906.)  HOME AND COMMUNITY-BASED SERVICES (HCS) / TEXAS HOME LIVING (TXHML):  THE HOME AND COMMUNITY-BASED SERVICES (HCS) / TEXAS HOME LIVING (TXHML):  THE HOME AND COMMUNITY-BASED SERVICES (HCS) / TEXAS HOME LIVING (TXHML):  THE HOME AND COMMUNITY-BASED SERVICES (HCS) / TEXAS HOME LIVING (TXHML):  THE HOME AND COMMUNITY-BASED SERVICES (HCS) / TEXAS HOME LIVING (TXHML):  THE HOME AND COMMUNITY-BASED SERVICES (HCS) / TEXAS HOME LIVING (TXHML):  THE LIVING AND BYELLOPMENTAL DISABILITIES TO LIVE AS INDEPENDENTLY AS POSSIBLE IN THE COMMUNITY. SERVICES (INCLUDED THE COMMUNITY SERVICES (INCLUDED THE PROVIDED FOR THE PROVIDED		Check if Schedule O contains a response or note to any line in this Part III
WITH DISABILITIES ONE PERSON AT A TIME. THE CORNERSTONE OF OUR PROGRAMS ARE THE CORE VALUES OF COMPASSION, RESPECT AND RESULTS THROUGH A PERSONALIZED APPROACH TO ADDRESS EACH MEMBER'S INDIVIDUAL  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ?  3 or 1 'Yes,' describe these new Services on Schedule O.  3 or 1 'Yes,' describe these new Services on Schedule O.  4 or 1 'Yes,' describe these new Services on Schedule O.  5 or 1 'Yes,' describe these changes on Schedule O.  6 or 1 'Yes,' describe these changes on Schedule O.  7 or 1 'Yes,' describe these changes on Schedule O.  8 section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if my for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if my for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(4) organizations are required to report and the amount of grants and allocations to others, the total expenses. Section 501(c)(4) organization services. Section 501(c) organization services. Section 501(c) organization services. Sect	1	Briefly describe the organization's mission:
PROGRAMS ARE THE CORE VALUES OF COMPASSION, RESPECT AND RESULTS THROUGH A PERSONALIZED APPROACH TO ADDRESS EACH MEMBER'S INDIVIDUAL  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 800 or 980-E2?		THE MISSION OF ABILITY CONNECTION IS TO ENRICH THE LIVES OF PEOPLE
THROUGH A PERSONALIZED APPROACH TO ADDRESS EACH MEMBER'S INDIVIDUAL    Price   Continue   Price   Pri		WITH DISABILITIES ONE PERSON AT A TIME. THE CORNERSTONE OF OUR
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2?    Yes X No   Yes, 'describe these new services on Schedule O.		PROGRAMS ARE THE CORE VALUES OF COMPASSION, RESPECT AND RESULTS
prior Form 980 or 980 cf 29 0E7    Yes X No   16 *Yes,* (describe these new sendoes on Schedule O.		THROUGH A PERSONALIZED APPROACH TO ADDRESS EACH MEMBER'S INDIVIDUAL
If "Yes," describe these new services on Schedule O.  Did the organization cases conducting, or make significant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not listed on the
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, ? Yes. [Vesc.] describe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and case in the total content of the content of the content of grants and allocations to others, the total expenses, and case in the total content of grants and allocations to others, the total expenses, and case in the total expenses, and case in the community. Section 1, 1803, 906.)  HOME AND COMMUNITY—BASED SERVICES (HCS) PROGRAM AT ABILITY  CONNECTION PROVIDES THE HELP AND SEPTINGS IN THE COMMUNITY. SERVICES INCLUDE NURSING, DENTAL AND MEDICAL CARE SUPPORT, THERAPIES, FOSTER  CARE, ADAPTIVE AIDS, EMPLOYMENT SERVICES, AND CASE MANAGEMENT.  CURRENTLY THE HCS GROUP HOME PROGRAM AT ABILITY CONNECTION HAS 4 HOMES PROVIDING RESIDENTIAL SUPPORT IN THE DFW METROPLEX.  ABILITY CONNECTION'S TEXAS HOME LIVING (TXIML) IS A MEDICATO WAIVER PROGRAM THAT PROVIDES SUPPORT TO MEMBERS OF ALL AGES WHO HAVE AN 401 (code 1) (code 1		prior Form 990 or 990-EZ?
## PYes." describe these changes on Schedule O  Describe the organizations program service accomplishments for each of its three largest program services, as measured by expenses. Sections 5(10,6) and 5010(4) organizations are required to report the amount of grants and silocations to others, the total expenses, and revenue, if any, for each program service reported.  ### (Company		If "Yes," describe these new services on Schedule O.
4 Describe the organization's program services accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(s) and 501(c)(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service reported.  4a (coose ) (Popumers 8 8,345,417. Including grants of \$ 1,803,906.) HOME AND COMMUNITY-BASED SERVICES (HCS) / TEXAS HOME LIVING (TXHML):  THE HOME AND COMMUNITY-BASED SERVICES (HCS) PROGRAM AT ABILITY CONNECTION PROVIDES THE HELP AND SUPPORT NECESSARY FOR INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES TO LIVE AS INDEPENDENTLY AS POSSIBLE IN THEIR OWN HOMES, WITH FAMILY, A PAID COMPANION CARE PROVIDER OR IN SMALL GROUP HOME SETTINGS IN THE COMMUNITY. SERVICES INCLUDE NURSING, DENTAL AND MEDICAL CARE SUPPORT, THERAPIES, FOSTER CARE, ADAPTIVE AIDS, EMPLOYMENT SERVICES, AND CASE MANAGEMENT.  CURRENTLY THE HCS GROUP HOME PROGRAM AT ABILITY CONNECTION HAS 4 HOMES PROVIDING RESIDENTIAL SUPPORT IN THE DFW METROPLEX.  ABILITY CONNECTION'S TEXAS HOME LIVING (TXHML) IS A MEDICALD WAIVER PROGRAM THAT PROVIDES SUPPORT TO MEMBERS OF ALL AGES WHO HAVE AND INTERMEDIATE CARE FACILITY (ICF) GROUP HOME PROGRAM AT ABILITY CONNECTION CURRENTLY HAS 3 HOMES IN THE DFW METROPLEX. EACH HOME PROVIDES FAMILY-STYLE LIVING FOR UP TO SIX ADULTS WITH INTERMEDIATE CARE FACILITY (ICF) GROUP HOME PROGRAM AT ABILITY CONNECTION CURRENTLY HAS 3 HOMES IN THE DFW METROPLEX. EACH HOME PROVIDES FAMILY-STYLE LIVING FOR UP TO SIX ADULTS WITH INTERMEDIATE CARE FACILITY (ICF) GROUP HOME PROGRAM AT ABILITY CONNECTION SERVICES (CLASS) PROGRAM AT ABILITY CONNECTION SERVICES FOR THEIR HEALTH AND SAFETY.  CLIENTS SERVED: 16 ADULTS / 131,304 HOURS OF SERVICES (CLASS) PROGRAM AT ABILITY CONNECTION SERVICES FOR THEIR HEALTH AND SAFETY.  CLIENTS SERVED: 509 CLIENTS / 60,048 HOURS OF SERVICES (CLASS) PROGRAM AT ABILITY CONNECTION SERVICES FOR INDIVIDUALS OF ALL AGES AND DISABILITIES TO LIVE AS INDEPENDENCE SORVICES FOR THE PR	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each programs service reported.  48 (cose		
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each programs service reported.  48 (cose ) [Escenses 3 8,345,417. **robindry grants of \$\$\$   \$\$ (Recentle, if any, for each program service reported.**   \$\$ (Recentle, if any, for each program service services \$\$ (RS) / TEXAS HOME LIVING (TXHALL): THE HOME AND COMMUNITY-BASED SERVICES (HCS) / TEXAS HOME LIVING (TXHALL): THE HOME AND COMMUNITY-BASED SERVICES (HCS) / REGISTER AT SERVICES (HCS) / REGISTER AND SUPPORT NECESSARY FOR INDIVIDUALS WITH TITELE, TO LIVE AS INDIVIDUALS WITH THE LIVE AS INDIVIDUALS POSSIBLE IN THEIR OWN HOMES, WITH FAMILY, A PAID COMPANION CARE PROVIDER OR IN SMALL GROUP HOME SETTINGS IN THE COMMUNITY. SERVICES INCLUDE NURSING, DENTAL AND MEDICAL CARE SUPPORT, THERAPIES, FOSTER CARE, ADAPTIVE AIDS, EMPLOYMENT SERVICES, AND CASE MANAGEMENT.  CURRENTLY THE HCS GROUP HOME PROGRAM AT ABILITY CONNECTION'S TEXAS HOME LIVING (TXHML) IS A MEDICAID WAIVER PROGRAM THAT PROVIDES SUPPORT TO MEMBERS OF ALL ACES WHO HAVE AN ABILITY CONNECTION'S TEXAS HOME LIVING (TXHML) IS A MEDICAID WAIVER PROGRAM THAT PROVIDES SUPPORT TO MEMBERS OF ALL ACES WHO HAVE AN INTERMEDIATE CARE FACILITIES (ICF) RESIDENTIAL SERVICES  THE INTERMEDIATE CARE FACILITIES (ICF) RESIDENTIAL SERVICES  THE INTERMEDIATE CARE FACILITIES (ICF) RESIDENTIAL SERVICES (CLASS) PROGRAM AT ABILITY CONNECTION CURRENTLY HAS 3 HOMES IN THE DFW METROPLEX. EACH HOME PROVIDES FAMILY-STYLE LIVING FOR UP TO SIX ADULTS WITH INTERLECTUAL/DEVELOPMENTAL DISABILITIES. OUR HOME SALOW INDIVIDUALS TO LIVE WITH AS MUCH AUTONOMY AND INDEPENDENCE AS POSSIBLE, WHILE PROVIDES CASE MANAGEMENT SERVICES FOR INDIVIDUALS OF ALL ACES AND DISABILITIES TO LIVE AS INDEPENDENTLY AS POSSIBLE AT HOME AND IN THE COMMUNITY.  CLIENTS SERVED: 509 CLIENTS / 60,048 HOURS OF SERVICE  4d Other program service ex	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
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4e Total program service expenses ► 11,471,267.	40	
	40	44 454 065
	<u> </u>	Form 990 (2021)

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### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		122
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17	L	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Part IV	Checklist of Required Schedules	(continued)
		1

	Continued)		V	N <sub>a</sub>	
00	Did the executation report may then \$5,000 of execute or other assistance to ay few democtic individuals on		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x	
04 -	Schedule J	23			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v	
	Schedule K. If "No," go to line 25a	24a		<u> </u>	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		$\vdash$	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040			
ام	any tax-exempt bonds?  Did the exemptation act as an long behalf of lineary for bonds outstanding at any time during the year?	24c 24d		<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		$\vdash$	
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x	
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x	
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		<u> </u>	
26					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x	
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			<del></del>	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x	
20					
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
_	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?  f	28a		x	
h	"Yes," complete Schedule L, Part IV	28b		X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
20	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X	
29	, · · ·	29		<u> </u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x	
31	contributions? If "Yes," complete Schedule M	31		X	
32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<del></del>	
32	October 18 M. Doutt	32		x	
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> 52</u>		<del></del>	
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
04	Part V. line 1	34		x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
	Note: All Form 990 filers are required to complete Schedule O	38	х	1	
Pai					
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 132				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0				
25	(gambling) winnings to prize winners?	1c	Х		
132004	\$ 12-09-21	Form	990	(2021)	

Form 990 (2021) ABILITY CONNECTION TEXAS

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return 2a 124											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.											
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O											
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
b	b If "Yes," enter the name of the foreign country ▶											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?											
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
	any contributions that were not tax deductible as charitable contributions?	6a		X								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?	7c		X								
d	,											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8										
•	sponsoring organization have excess business holdings at any time during the year?	8										
9 a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a										
b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12											
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities											
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders											
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?	13a										
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
_	organization is licensed to issue qualified health plans  Then the ground of recovery as head.											
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14-		Х								
		14a 14b		<u> </u>								
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	IHD										
	excess parachute payment(s) during the year?											
	If "Yes," see the instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х								
-	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any											
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17										
	If "Yes," complete Form 6069.											

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

<u>Sec</u>	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19	2							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 18										
2											
	officer, director, trustee, or key employee?			2	Х						
3	Did the organization delegate control over management duties customarily performed by or under th	e direct	supervision								
	of officers, directors, trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X					
5											
6	•										
7a	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?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	ders, or								
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				77						
a	The governing body?			8a	X	_					
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					.,					
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			·					
	Dilli Colonia de la colonia de			40	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?			10a							
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics and procedures governing the activities of such characteristics.	napters	, affiliates,	10b							
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?										
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	, , , , , , , , , , , , , , , , , , , ,										
	<ul> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe</li> </ul>										
С		,		12c	х						
12	on Schedule O how this was done			13	X						
13 14											
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approve			14	Х						
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	al by ilit	zependent								
а				15a	Х						
h	a The organization's CEO, Executive Director, or top management official										
~	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on 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?			16a		х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			100							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	· ·								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3)	s only)	availal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.			,,							
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial						
	statements available to the public during the tax year.		. , ,								
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records								
	LAURA MAHALEY - 214-351-2500										
	8802 HARRY HINES BLVD., DALLAS, TX 75235-1716										

Form **990** (2021)

12430.01

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

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

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

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

See the instructions for the order in which to list the persons above.

(A)	(B)			(C Posi				(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than (		Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation	compensation	amount of
	week (list any	_					Ĺ	from the	from related organizations	other compensation
	hours for	direct						organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) JIM HANOPHY	40.00									
PRESIDENT/CEO		X		Х				140,000.	0.	0.
(2) ROBERT B. CAVANAUGH	1.00									
DIRECTOR		X						0.	0.	0.
(3) JIM FRANCIS	1.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(4) JAMES FRANCIS	1.00									
DIRECTOR		Х						0.	0.	0.
(5) DEBBIE FRANCIS	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ROBERT MEAD	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DONALD A. LAIDLAW	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) MIKE P. MCCULLOUGH	1.00									
DIRECTOR		Х						0.	0.	0.
(9) GARY ROBERTS	1.00									
TREASURER		Х		Х				0.	0.	0.
(10) LANE SELIGER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JACK WOODWORTH	1.00									
CHAIR		Х		Х				0.	0.	0.
(12) JEFF WOODWORTH	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JAN PETERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(14) DAVID WILLIS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) ANNA WORTHAM	1.00	İ								
DIRECTOR		Х						0.	0.	0.
(16) JOHN CREME	1.00	Ť								
DIRECTOR		х						0.	0.	0.
(17) SUSAN HAWK	1.00	Ť						1		
DIRECTOR		х						0.	0.	0.
132007 12-09-21								1 00		Form <b>990</b> (2021

orm **990** (2021

1b Subtotal  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  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    Yes	Pari	Section A. Officers, Directors, Tru	stees, Key Em	<u>ploy</u>	ees,	anc	d Hi	ghes	st C	compensated Employee	s (continued)	<del></del>			
Compensation from the organization special for any individual six of micros protection from the organization special for micros protection from the organization from the organization special for micros protection from the organization from the organization protection from the organization protection from the organization from the organization protection from the organization and related organization from the organization		(A)	1 ' '							(D)	(E)			(F)	
Complete this table for your five regarization specifies and a director/busines of the regarization from the organization specifies and a director/busines organization (W.2/1099-MISC) (1099-NEC)		Name and title	1		not c	heck	more	than		· ·					
Complete this table for your first any hours to related organizations with the organization from the organization place.   Page 1   Page 2   Page 3   Pag			1							· ·		ו י			
to subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines to and te) Total quadriculation from the organization of the organization from the organization from the organization from the organization and related organization is any person listed on line 1a; is the sum of reportable compensation from the organization and related organization and related organization and related organization is tay person listed on line 1a; is the sum of reportable compensation from the organization and related organization? If "Yes," complete Schedule J for such person    Note   Part   Part   Part   Part				tor						1		.			
Total from continuation sheets to Part VII, Section A   0. 0. 0.			hours for	direc				- -			_			•	
Total from continuation sheets to Part VII, Section A   0. 0. 0.				tee oi	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
Total from continuation sheets to Part VII, Section A   0. 0. 0.			1 "	altrus	onal tr		loyee	comp		1					
Total from continuation sheets to Part VII, Section A   0. 0. 0.				dividu	stituti	ficer	y emp	ghest	ımer.				orga	ınızatı	ons
It is Subtotal  10	(18)	KARA SEWELL	,	트	트	6	<u> </u>	王吉	굔			$\dashv$			
1.00   X   0. 0.			1.00	×						0		ا م			0.
1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes			1.00							0.		•			<u> </u>
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  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  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? /f "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? /f "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? /f "Yes," complete Schedule J for such individual for services rendered to the organization? /f "Yes," complete Schedule J for such person  5 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) (B) (C)			1.00	x						0.		0.			0.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  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    Yes				<del> </del>								-			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  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    Yes				1											
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  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    Yes				1											
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  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    Yes				_											
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line 1a? If "Yes," complete Schedule J for such individual  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? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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) (B) (C)	2	Did the examination list any former office	r director truct	·00 I		nmnl	lovo		hia	shoot componented omp	lovos on	ſ		103	140
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? If "Yes," complete Schedule J for such individual 4  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5  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) (B) (C)	3	· ,		,	,	•	,	•	_	, , ,	,	- 1	2		х
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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) (B) (C)	4	•										···			
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rendered to the organization? If "Yes." complete Schedule J for such person 5  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) (B) (C)	5											····			
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) (B) (C)	•	• •	•				•			•		[	5		х
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)	Sect		<u>npioto comodar</u>	<i>5</i> 0 1.	0, 0.	<del>4011 ş</del>	0010	,011				·····			-
(A) (B) (C)	1	Complete this table for your five highest c	ompensated inc	depe	nde	nt co	ontra	acto	rs th	hat received more than \$	100,000 of comp	ensat	ion fro	m	
		the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith o	or wi	thin	the organization's tax y	ear.				
Name and business address NONE Description of services Compensation		(A)								. ,					
		Name and busines	s address	N	INC	3				Description of s	ervices	C	omper	nsatio	n
									$\dashv$						
									$\dashv$						
ı															
									$\dashv$		+				
2 Total number of independent contractors (including but not limited to those listed above) who received more than	2	Total number of independent contractors	(including but a	Ot lir	nito	d to	thos	se lie	ted	above) who received m	ore than				
\$100,000 of compensation from the organization   0	-			J. III				_		22010, WIIO 1000IVOU III	2.5 6 601				
Form 990 (2)		,											Form	<b>990</b> (	2021)

Form 990 (2021) ABILITY
Part VIII Statement of Revenue

			Check if Schedule O contains	a response	or note to anv lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
							Tunction revenue	business revenue	sections 512 - 514
SΩ	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
င်္ပ မြ			Fundraising events		204,222.				
fts, r A			Related organizations		, -				
nila			Government grants (contributions		8,352,972.				
Sir			All other contributions, gifts, grants, a		, , ,				
et Je		•	similar amounts not included above		3,381,429.				
ə		<b>a</b>	Noncash contributions included in lines 1a-1f		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
on Pud		_	Total. Add lines 1a-1f			11,938,623.			
<u> </u>		<u></u>	Total / Ida iiii es Ta 11		Business Code	, , ,			
•	2	2	PROGRAM SERVICE FEES		621610	2,491,872.	2,491,872.		
Ş.	_	b				-,,			
Ser		C							
z N		d							
gra Re		e							
Program Service Revenue			All other program service revenue						
			Total. Add lines 2a-2f			2,491,872.			
	3	y	Investment income (including divi			_,,			
	3		other similar amounts)			1,468.			1,468.
	4		Income from investment of tax-ex						
	5		Royalties						
	3		Tioyaities	(i) Real	(ii) Personal				
	6	2	Gross rents 6a	(1) 1 1001	(1) 1 0.001141				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` '	Securities	(ii) Other				
	•	u	assets other than inventory <b>7a</b>	,	(4)				
		h	Less: cost or other basis						
ø			and sales expenses 7b						
nue		_	Gain or (loss) 7c						
eve			Net gain or (loss)						
her Revenue			Gross income from fundraising events						
Ð.	Ŭ	_	including \$ 204,22	I					
			contributions reported on line 1c).						
			Part IV, line 18	I	0.				
		h	Less: direct expenses		73,854.				
			Net income or (loss) from fundrais		, <u> </u>	-73,854.			-73,854.
			Gross income from gaming activit			,			
	-	_	Part IV, line 19	I					
		b	Less: direct expenses						
			Net income or (loss) from gaming		<b>•</b>				
			Gross sales of inventory, less retu						
		_	and allowances	I					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of		<b></b>				
			· · ·		Business Code				
sno \$	11	а	PPP LOAN FORGIVEN		900099	917,200.			917,200.
ane Duc		b	OTHER INCOME		900099	113,507.			113,507.
eve		С							
Miscellaneous Revenue		d	All other revenue						
_			Total. Add lines 11a-11d		<b></b>	1,030,707.			
	12		Total revenue. See instructions			15,388,816.	2,491,872.	0.	958,321.

### 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 (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 140,000. 112,000. 21,000. 7,000. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,504,098. 3,603,278. 675,615. 225,205. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 526,148. 420,919. 78,922. 26,307. Other employee benefits 9 421,605. 337,284. 63,241. 21,080. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 6,275,374. 5,906,025. 342,966. 26,383. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 585,321. 456,551. 117,064. 11,706. 16 Occupancy 97,969. 96,009. 980. 980. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 174. 10. 161. 3. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 <u>55,</u>309. 9,218. 92,182. 27,655. Depreciation, depletion, and amortization 22 116,227. 92,982. 22,083. 1,162. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 385,884. 308,707. 57,883. 19,294. SUPPLIES TELEPHONE 81,205. 48,723. 28,422. 4,060. 79,375. 50,006. 23,019. 6,350. OTHER GENERAL AND ADMIN 56,826. 56,826. SUBSCRIPTION AND REFERE -52,362. 10,451. 2,013. -64,826. All other expenses 13,310,026. 11,471,267. 1,544,679. 294,080. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,831,579.	1	1,215,802.		
	2	Savings and temporary cash investments			509,405.	2	1,968,238.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			516,973.	4	245,141.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial co	ontributor, or 35%			
		controlled entity or family member of any of the	ese persor	ns		5	
	6	Loans and other receivables from other disqua	lified pers	ons (as defined			
		under section 4958(f)(1)), and persons describe	ed in secti	on 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Description of the second second state of the second secon			13,128.	9	16,859.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,516,860.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,141,352.	1,730,442.	10c	2,375,508.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq			4,601,527.		5,821,548.
	17	Accounts payable and accrued expenses		ı	507,281.	17	593,852.
	18	Grants payable			100 445	18	E4 20E
	19	Deferred revenue			102,445.	19	74,305.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		•••••		21	
es	22	Loans and other payables to any current or for					
Ħ		trustee, key employee, creator or founder, sub-					
Liabilities		controlled entity or family member of any of the			22		
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line			917,200.	0.5	0.
	06	of Schedule D			1,526,926.	25 26	668,157.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch	ook boro	N Y	1,320,320.	20	000,137.
S		and complete lines 27, 28, 32, and 33.	eck nere				
Š	27	•			1,628,483.	27	4 180 399.
sala	28				1,446,118.	28	4,180,399. 972,992.
B	20	Organizations that do not follow FASB ASC		k here	1,110,110	20	37273321
臣		and complete lines 29 through 33.	300, criec	K liefe			
<u></u>	29	Capital stock or trust principal, or current fund	e			29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32			Other fullus	3,074,601.	32	5,153,391.
Ž	33				4,601,527.	33	5,821,548.
	. 55	rotal habilities and flet assets/fully balances			-,00-,027	- 55	Form <b>990</b> (2021)

Form **990** (2021)

Par	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,			
2	Total expenses (must equal Part IX, column (A), line 25)	2		310		
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>90.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,	074	.,6	01.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	5,	153	3,3	91.
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	Γ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
				Form <sup>9</sup>	990	(2021)

132012 12-09-21

### **SCHEDULE A**

(Form 990)

Total

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization ABILITY CONNECTION TEXAS 75-0875525 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	,,	•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		• •	• •			
	membership fees received. (Do not						
	include any "unusual grants.")	10723186.	4858641.	8768940.	10119400.	11938623.	46408790.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	10700106	1050611	0.7.600.40	10110100	4400000	1.5.1.0.5.0.0
	Total. Add lines 1 through 3	10723186.	4858641.	8768940.	10119400.	11938623.	46408790.
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,						1 4000 70
	column (f)						1422978.
	Public support. Subtract line 5 from line 4.						44985812.
	etion B. Total Support		(1) 00/0	( ) 22/2	/ N 2222	( ) 222/	
	ndar year (or fiscal year beginning in)	(a) 2017 10723186.	(b) 2018 4858641.	(c) 2019	(d) 2020 10119400.	(e) 2021	(f) Total
		10/23100.	4030041.	0/00340.	10119400.	11936623.	40400/90.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	5,614.	2,866.	13,360.	7,986.	1,468.	31,294.
	and income from similar sources	3,014.	2,000.	13,300.	7,300.	1,400.	31,294.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	283,816.	68,841.	74,291.	953 382.	1030707.	2411037.
11	Total support. Add lines 7 through 10	20370101	00/0111	7172311	33373021		48851121.
	Gross receipts from related activities,	etc (see instruction	ne)				,198,246.
	First 5 years. If the Form 990 is for the	•					7
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	92.09 %
	Public support percentage from 2020					15	96.91 %
	33 1/3% support test - 2021. If the					ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ition			<b>&gt;</b>
17a	10% -facts-and-circumstances test	- <b>2021.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- <b>2020.</b> If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circle	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶∐
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses						
	Add lines 10a and 10b  Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	. —
<u>C-</u>	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					T I	
15	Public support percentage for 2021 (I			column (f))		15	<u>%</u>
16	Public support percentage from 2020					16	<u>%</u>
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2021. If the						<b>.</b> .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation If the organization	n did not chock a	boy on line 14 10	or 10h chock th	nic boy and soo in	etructions	

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### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
0		
9c		
10a		
10b		

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Par	rt IV   Supporting Organizations (continued)			
	Test a serv		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppo	rted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). stion D. All Type III Supporting Organizations	1		
Sec	Stion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	stion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
a		,.		
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	/ (see instruction	ns)	
2	Activities Test. Answer lines 2a and 2b below.	(000 11.00 000.01	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<b>2</b> a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*3b

3chedule A (Form 990) 2021

Schedule A	A (Form 990) 2021	ABILITY	CONNECTION	TEXAS		75-0875525	Page (
Part V	Type III Non-Functi	onally Integra	ated 509(a)(3) Su	pporting Org	anizations		
1	Check here if the organiza	tion satisfied the	Integral Part Test as a	qualifying trust	on Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instru	ctions.
	All other Type III non-funct	ionally integrated	supporting organizati	ons must comple	ete Sections A through E.		

	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional instructions).	lly integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II, SHORT YEAR EXPLANATION
THREE PRIOR YEARS AGO WITH A FISCAL YEAR END DATE OF 6/30/19 WAS A
SHORT YEAR. THE ORGANIZATION CHANGED THEIR YEAR END FROM 12/31 TO 06/30
PURSUANT TO THE AUTOMATIC CHANGE PROCEDURE UNDER REV. PROC. 85-58.

## Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
OIS B THOMSEN	2,400,000.	1,422,978
otal Excess Contributions to Schedule A, Part II, Line 5		1,422,978

## Schedule A

## **Identification of Unusual Grants**

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Description of Grant	Date of Grant	Amount
LOIS B THOMSEN	BEQUEST	12/21/21	2,400,000.
otal Unusual Grants			2,400,000.

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

ABILITY CONNECTION TEXAS

**Employer identification number** 

75-0875525

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page

Name of organization

Employer identification number

### ABILITY CONNECTION TEXAS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WH FRANCIS FOUNDATION  3904 MIRAMAR  DALLAS, TX 75205	\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HARRY S MOSS FOUNDATION  3838 OAK LAWN AVE STE 1516  DALLAS, TX 75219	\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HILLCREST FOUNDATION  3001 LAKE AUSTIN BLVD  AUSTIN, TX 78703	\$55,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 4	Name, address, and ZIP + 4  THE THEODORE AND BEULAH BEASLEY FOUNDATION  3811 TURTLE CREEK BLVD  DALLAS, TX 75219	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BHATIA FOUNDATION  2719 NORTHRIDGE DR., STE. 107B  BEDFORD, TX 76021	\$ 560,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122452 11-1	LOIS B THOMSEN  5540 PRESTON ROAD  DALLAS, TX 75205	\$ 2,400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page

Name of organization Employer identification number

### ABILITY CONNECTION TEXAS

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FIDELITY FOUNDATION  PO BOX 770001  CINCINNATI, OH 45277	\$111,000. 	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GRANVILLE AND GLADYS MORTON FUND  6434 MAPLE AVE  DALLAS, TX 75235	- - \$60,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HAMON CHARITABLE FOUNDATION  1925 N AKARD ST  DALLAS, TX 75201	\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JAMES FRANCIS  3904 MIRAMAR  DALLAS, TX 75205	- \$ 8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	KIMBERLY WESTPHALL  5611 LEWIS STREET  DALLAS, TX 75206	_ \$5,166. _	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	RONE ENGINEERING  8908 AMBASSADOR ROW  DALLAS, TX 75247	\$10,000.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

### ABILITY CONNECTION TEXAS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	SAPUTO DAIRY  2711 N HASKELL AVE #3300  DALLAS, TX 75204	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	TEGNA FOUNDATION  8350 BROAD STREET SUITE 2000  TYSON, VA 23510	\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	TEXAS WOMEN'S FOUNDATION  5500 SOUTHWESTERN MEDICAL AVE  DALLAS, TX 75235	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	WESLIE ANDERSON  1329 SHETLAND RD.  PLANO, TX 75093	\$5,380.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

### ABILITY CONNECTION TEXAS

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123/53 11-11	.21		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** ABILITY CONNECTION TEXAS 75-0875525 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

123454 11-11-21 Schedule B (Form 990) (2021)

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

ABILITY CONNECTION TEXAS

**Employer identification number** 75-0875525

Pai	t I Organizations Maintaining Donor Advised Fu	nds or Other Simil	ar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			·
		(a) Donor advised fur	nds (	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in	donor advised fund	ls
	are the organization's property, subject to the organization's exclu	sive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adviso	rs in writing that grant fo	unds can be used or	nly
	for charitable purposes and not for the benefit of the donor or don-	or advisor, or for any oth	ner purpose conferri	ng
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the organiza	ation answered "Yes" or	Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (ch			
	Preservation of land for public use (for example, recreation of	or education) Pro	eservation of a histo	rically important land area
	Protection of natural habitat	Pro	eservation of a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution	in the form of a cor	
	day of the tax year.			Held at the End of the Tax Year
_	Total number of conservation easements			2a
b				2b
С.	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired after 7			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, released	d, extinguished, or termi	nated by the organiz	zation during the tax
	year >			
4	Number of states where property subject to conservation easemer		handling of	
5	Does the organization have a written policy regarding the periodic			Yes No
6	violations, and enforcement of the conservation easements it hold: Staff and volunteer hours devoted to monitoring, inspecting, hand		utoroina consorvatio	
U	Land volunteer riours devoted to morntoning, inspecting, name	iing or violations, and er	norchig conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and enforci	na conservation eas	sements during the year
•	► \$	i violationo, and omoror	ng conscivation cas	ornanta danng tria yadi
8	Does each conservation easement reported on line 2(d) above sati	sfy the requirements of	section 170(h)(4)(B)(	i)
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation ea			
	balance sheet, and include, if applicable, the text of the footnote to		•	
	organization's accounting for conservation easements.	3		
Pai	t III Organizations Maintaining Collections of Art	, Historical Treasu	res, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not	t to report in its revenue	statement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for public ex	chibition, education, or r	esearch in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financial s	statements that describe	es these items.	
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue stat	tement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhib	oition, education, or rese	earch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasure			provide
	the following amounts required to be reported under FASB ASC 98	58 relating to these item	s:	
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
b	Assets included in Form 990, Part X			▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for F	Form 990.		Schedule D (Form 990) 2021

Pai	rt III   Organizations Maintaining	Collections of Art	t, Historical Tre	asures, or Oth	er Similaı	r Assets (continued)
3	Using the organization's acquisition, acce	ssion, and other records	s, check any of the f	ollowing that make	significant u	use of its
	collection items (check all that apply):					
а	Public exhibition	d	Loan or excl	hange program		
b	Scholarly research	е				
С	Preservation for future generations					
4	Provide a description of the organization's	s collections and explain	how they further th	e organization's ex	empt purpos	se in Part XIII.
5	During the year, did the organization solic	it or receive donations o	of art, historical treas	sures, or other simila	ar assets	
	to be sold to raise funds rather than to be					
Pai	rt IV Escrow and Custodial Arra	angements. Comple	ete if the organization	n answered "Yes" o	n Form 990	, Part IV, line 9, or
	reported an amount on Form 990,	Part X, line 21.				
1a	Is the organization an agent, trustee, cust	odian or other intermedi	ary for contributions	or other assets no	t included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part >	(III and complete the foll	lowing table:			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year					
f	Ending balance					
<b>2</b> a	Did the organization include an amount or	n Form 990, Part X, line	21, for escrow or cu	stodial account liab	oility?	Yes No
	If "Yes," explain the arrangement in Part >					
Pai	rt V Endowment Funds. Comple	te if the organization an				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	vears back (e) Four years back
1a	Beginning of year balance		50,000.			
b	Contributions	741,000.	1,820,535.	50,000		
С	Net investment earnings, gains, and losse					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs	1,214,126.	424,417.			
f	Administrative expenses					
g	End of year balance	972,992.	1,446,118.	50,000		
2	Provide the estimated percentage of the o		e (line 1g, column (a)	) held as:		
а	9 1		_%			
b		%				
С	· ————————————————————————————————————	%				
	The percentages on lines 2a, 2b, and 2c s	•				
3a	Are there endowment funds not in the pos	ssession of the organiza	tion that are held an	d administered for	the organiza	ation
	by:					Yes No
	(i) Unrelated organizations					
	(ii) Related organizations					3a(ii) X
	If "Yes" on line 3a(ii), are the related organ					3b
4 Doi	Describe in Part XIII the intended uses of		wment funds.			
Pai	rt VI Land, Buildings, and Equip		Doubly line 11a C	Faura 000 Dart )	/ lime 10	
	Complete if the organization answer		<u> </u>	i		
	Description of property	(a) Cost or of basis (investm	• •	1 ' '	Accumulate lepreciation	ed (d) Book value
1a	Land			8,196.		648,196
b				5,805.	568,0	
С			3	6,893.	18,22	
d			41	5,887.	288,1	
е	Other		41	0,079.	266,87	
	al. Add lines 1a through 1e. <i>(Column (d) mus</i>		X. column (B). line 10	Oc.)		<b>2</b> ,375,508

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.	NECTION TEXAS		-0875525 Page <b>3</b>
Complete if the organization answered "Yes"			l afa
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	i-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-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.			
	on Form 000 Bort IV line 1	1d Coo Form 000 Port V line 15	
Complete if the organization answered "Yes"	Description	Td. See Form 990, Part X, line 15.	(b) Book value
- <del></del>	Description		(b) DOOK Value
<u>(1)</u>			
<u>(2)</u> (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)	<b>&gt;</b>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability		,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		

Schedule D (Form 990) 2021

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

Par		f Revenue per Audited I			evenue per Re	turn.		
		nization answered "Yes" on For		2a.			15 460 6	
1	, • ,	ner support per audited financia				1	15,462,6	70.
2		but not on Form 990, Part VIII, I		1 - 1				
a		on investments						
b		facilities						
C		nts		1 1	73,854.			
d	,						72 0	E 1
e						2e	73,8 15,388,8	<u> 16</u>
3		200 Dat VIII Fac 40 but act a				3	13,300,0	то.
4		990, Part VIII, line 12, but not or		1 4-1				
a		cluded on Form 990, Part VIII, lii						
b						4-		Λ
						4c 5	15,388,8	<u>0.</u> 16
5 Pai	rt XII Reconciliation o	nd <mark>4c. <i>(This must equal Form</i> 99</mark> If Expenses per Audited	<i>90. Part I. line 12.)</i> Financial Stater	ments With I	Expenses per F			<u> </u>
ı uı		nization answered "Yes" on Form			Expended per i	lotai		
1		er audited financial statements				1	13,383,8	80.
2		but not on Form 990, Part IX, lir					13,303,0	<del>.</del>
a		facilities		2a				
b		raciities						
C								
d					73,854.			
					•	2e	73,8	54.
3						3	13,310,0	26.
4		990, Part IX, line 25, but not on					, , , ,	
а		cluded on Form 990, Part VIII, lii		4a				
b								
С	A 1 1 11 A 1 A 1					4c		0.
5		and <b>4c.</b> (This must equal Form				5	13,310,0	26.
Pai	rt XIII Supplemental In	formation.						
Provi	ride the descriptions required f	or Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; Pa	art IV, lines 1b ar	nd 2b; Part V, line 4	; Part :	X, line 2; Part XI,	
ines	2d and 4b; and Part XII, lines	2d and 4b. Also complete this	part to provide any a	dditional informa	ation.			
PAF	RT XI, LINE 2D	- OTHER ADJUSTME	NTS:					
FUI	NDRAISING EXPEN	SES INCLUDED ON	LINE 8B				73,85	4.
PAF	RT XII, LINE 2D	- OTHER ADJUSTM	ENTS:					
			OD				<b>5</b> 2 05	
4. N I	NDRAISING EXPEN	SES INCLUDED ON	TINE 8B				73,85	4.

Schedule D (Form 990) 2021

### **SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ABILITY CONNECTION TEXAS

Employer identification number 75-0875525

Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this part.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Fotal			•			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from req	gistration

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gro	ss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				ABILITY	NONE	(add col. (a) through
			VINE & DINE	CONNECTION F		col. <b>(c)</b> )
Ф			(event type)	(event type)	(total number)	(-)/
eun			400 054	44.054		
Revenue	1	Gross receipts	189,371.	14,851.		204,222.
			100 271	14 051		204 222
	2	Less: Contributions	189,371.	14,851.		204,222.
	3	Gross income (line 1 minus line 2)				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
oens	6	Rent/facility costs	13,233.			13,233.
Direct Expenses			25 700			25 700
rect	7	Food and beverages	35,790.			35,790.
Ö		Catantainment				
	8 9	Entertainment Other direct expenses	24,397.	434.		24,831.
	_		•	1010	<b>•</b>	73,854.
		Net income summary. Subtract line 10 from lin			_	-73,854.
Pa	rt I	II Gaming. Complete if the organization a				•
		\$15,000 on Form 990-EZ, line 6a.				
ø.			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Rev						
	1	Gross revenue				
	2	Cash prizes				
ses	_	Gd611 p11260				
Direct Expenses	3	Noncash prizes				
ţ						
irec	4	Rent/facility costs				
	5	Other direct expenses				
	_	Makanda ay lah ay	Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	L No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	•	Direct expense summary. And imes 2 timoagn	0 111 001d11111 (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
40-	\^/-	are any of the argonization?	unlend augmended code	main at a di unice e the a trave	va a v 2	Vac Du
		ere any of the organization's gaming licenses re				Yes No
J	"	Yes," explain:				

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 ABILITY CONNECTION TEXAS 75-0	00/3343	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	O No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Pa	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	art III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,,	,
	res, res, res, and res, and approximation for the arry administration mention and interesting.		
_			

Schedule G	(Form 990)	${ t ABILITY}$	CONNECTION	TEXAS	75-0875525	Page 4
Part IV	G (Form 990) Supplemental Inform	mation (contin	ued)			
		(COITIII	ueu)			
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r-						
				<u> </u>	 	

### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

ABILITY CONNECTION TEXAS

Employer identification number 75-0875525

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PERSON AT A TIME. THE CORNERSTONE OF OUR PROGRAMS ARE THE CORE VALUES
OF COMPASSION, RESPECT AND RESULTS THROUGH A PERSONALIZED APPROACH TO
ADDRESS EACH MEMBER'S INDIVIDUAL PERSONAL GOALS. ABILITY CONNECTION'S
MEMBERS ARE INDIVIDUALS WITH SKILLS, PASSIONS, INTERESTS, HUMOR,
CREATIVITY, DIGNITY AND DETERMINATION, AND OUR EXPERIENCED AND
DEDICATED EMPLOYEES AND VOLUNTEERS WORK HARD TO EMPOWER THEM TO LIVE
THEIR BEST LIFE POSSIBLE BY REMOVING BARRIERS THAT INHIBIT INDEPENDENCE
AND AUTONOMY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PERSONAL GOALS. ABILITY CONNECTION'S MEMBERS ARE INDIVIDUALS WITH

SKILLS, PASSIONS, INTERESTS, HUMOR, CREATIVITY, DIGNITY AND

DETERMINATION, AND OUR EXPERIENCED AND DEDICATED EMPLOYEES AND

VOLUNTEERS WORK HARD TO EMPOWER THEM TO LIVE THEIR BEST LIFE POSSIBLE

BY REMOVING BARRIERS THAT INHIBIT INDEPENDENCE AND AUTONOMY.

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

INTELLECTUAL DISABILITY OR RELATED CONDITION IN THEIR OWN HOMES. SOME

OF THE AVAILABLE SERVICES INCLUDE RESPITE, DAY HABILITATION, PERSONAL

ASSISTANCE AND HABILITATION, THERAPIES, NURSING, MEDICAL AND DENTAL

SERVICES, ADAPTIVE AIDS SUPPORT AND EMPLOYMENT SERVICES.

CLIENTS SERVED: 298 CHILDREN AND ADULTS / 1,381,512 HOURS OF SERVICE

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

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u>

Name of the organization

ABILITY CONNECTION TEXAS

Employer identification number 75-0875525

TRAINING CENTER AND DAY HABILITATION:

ABILITY CONNECTION'S ADULT TRAINING CENTER AND DAY HABILITATION PROGRAM

ENHANCES THE LIVES OF PEOPLE WITH INTELLECTUAL AND PHYSICAL

DISABILITIES THROUGH COMPREHENSIVE, LIFE-CHANGING CARE, TRAINING AND

SUPPORTS. WE LEARN THE GOALS OF EACH OF OUR ADULT MEMBERS, FACILITATE

THE SUPPORTS AND SERVICES NEEDED TO SUPPORT THEIR GOALS, MEASURE THE

SUCCESS OF OUR PROGRAM AND EVALUATE THE OVERALL SATISFACTION OF OUR

MEMBERS. THROUGHOUT OUR SERVICES, WE ARE PURPOSEFUL ABOUT INFUSING

MEMBER PERSONAL CHOICE AND GOALS THROUGH A FULL SCHEDULE OF TRAINING,

EDUCATION, COMMUNITY ACTIVITIES, RECREATION, MUSIC, ART, AND EXERCISE.

CLIENTS SERVED: 65 CLIENTS / 56,705 HOURS OF SERVICE

EXPENSES \$ 676,826. INCLUDING GRANTS OF \$ 0. REVENUE \$ 386,116.

FORM 990, PART VI, SECTION A, LINE 2:

JIM FRANCIS, THE VICE-CHAIRMAN, AND DEBBIE FRANCIS ARE MARRIED. JAMES
FRANCIS IS THEIR SON. JEFF WOODWORTH IS THE SON OF JACK WOODWORTH, THE
CHAIRMAN.

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

THE 990 IS DISTRIBUTED TO THE BOARD MEMBERS FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS AND BOARD MEMBERS ARE REQUIRED TO IDENTIFY ANY

CONFLICTS OF INTEREST. EACH INDIVIDUAL REVIEWS, SIGNS AND DATES THE

CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY.

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

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization **Employer identification number** ABILITY CONNECTION TEXAS 75-0875525 THE CEO SALARY IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE SALARIES OF OTHER KEY EMPLOYEES OF THE ORGANIZATION ARE REVIEWED AND APPROVED BY THE CEO AND CHIEF OFFICERS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 158,294. MANAGEMENT AND GENERAL EXPENSES 342,966. FUNDRAISING EXPENSES 26,383. 527,643. TOTAL EXPENSES PROFESSIONAL CLIENT SERVICES: 5,747,731. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES TOTAL EXPENSES 5,747,731. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 6,275,374.

# **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

	CONNECTION TEX				4 990 P			75-0875525
Part I Elec	tion To Expense Certain Prope	rty Under Section 17	'9 Note: If you hav	e any list	ed property,	complete Part	V before y	ou complete Part I.
1 Maximum	amount (see instructions)						1	1,050,000.
2 Total cost	of section 179 property plac	ed in service (see	instructions)				2	
3 Threshold	cost of section 179 property	before reduction	in limitation				3	2,620,000.
4 Reduction	4							
5 Dollar limitatio	n for tax year. Subtract line 4 from line	1. If zero or less, enter -	0 If married filing separa	ately, see ins	structions		5	
6	(a) Description of pr	roperty	(b) (	Cost (busines	ss use only)	(c) Elected	cost	
7 Listed prop	perty. Enter the amount from	ı line 29			7			
	ed cost of section 179 prope						8	
	leduction. Enter the <b>smaller</b>							
	of disallowed deduction from							
	ncome limitation. Enter the s							
	9 expense deduction. Add li		•					
	of disallowed deduction to 2							
	se Part II or Part III below for		· · · · · · · · · · · · · · · · · · ·					
Part II s	pecial Depreciation Allowa	nce and Other D	epreciation (Don't	t include	listed proper	rty.)		
	preciation allowance for qua							
the tax yea	•		-	• • •		_	14	
•	ubject to section 168(f)(1) ele						·	
	reciation (including ACRS)						16	82,763.
	IACRS Depreciation (Don't						10	0=7.001
	(-	•	Section					
17 MACRS de	eductions for assets placed i	in service in tax ve	ars beginning befo	re 2021			17	
	ing to group any assets placed in serv	•	0 0		ts. check here	▶ □	ï li	
,	Section B - Assets					eral Deprecia	tion Syste	m
		(b) Month and	(c) Basis for depred	ciation	(d) Recovery			
(a) (	Classification of property	year placed in service	(business/investme only - see instruct		period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year	property							
	property							
	property							
	r property		168,	619.	10YRS	SL	SL	8,861.
	r property						-	-,,,,,
	r property						1	
f 20-vea			1 7.	661.	20YRS	SL	SL	383.
05			7,	661.	20YRS	SL	SL S/I	383.
	r property		7,	661.	25 yrs.		S/L	383.
<b>g</b> 25-yea		/	7,	661.	25 yrs. 27.5 yrs.	MM	S/L S/L	383.
<b>g</b> 25-yea	r property	/	7,	661.	25 yrs. 27.5 yrs. 27.5 yrs.	MM MM	S/L S/L S/L	383.
g 25-yea	r property	/ / /	7,	661.	25 yrs. 27.5 yrs.	MM MM MM	S/L S/L S/L S/L	383.
g 25-yea	r property ential rental property sidential real property	/ / / Placed in Service			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L	
g 25-yea  h Reside  i Nonres	r property ential rental property sidential real property Section C - Assets F	/ / / Placed in Service			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L S/L S/L siation Sys	
g 25-yea h Reside i Nonres 20a Class	r property ential rental property sidential real property Section C - Assets F	/ / / Placed in Service			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L	
g 25-yea h Reside i Nonres  20a Class   b 12-yea	r property ential rental property sidential real property Section C - Assets F ife r	/ // // Placed in Service			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ng the Altern 12 yrs.	MM MM MM MM	S/L	
g 25-yea h Reside i Nonres  20a Class I b 12-yea c 30-yea	r property ential rental property sidential real property Section C - Assets F ife r	/	During 2021 Tax	Year Usi	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ng the Altern 12 yrs. 30 yrs.	MM	S/L     S/L     S/L   S/L   S/L   S/L   S/L   S/L   S/L   S/L   S/L     S/L     S/L     S/L     S/L     S/L     S/L     S/L     S/L       S/L	tem
g 25-yea h Reside i Nonres  20a Class b 12-yea c 30-yea d 40-yea	r property ential rental property sidential real property Section C - Assets F ife r r	/ // // Placed in Service		Year Usi	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ng the Altern 12 yrs.	MM MM MM MM	S/L	
g 25-yea h Reside i Nonres  20a Class b 12-yea c 30-yea d 40-yea Part IV S	r property ential rental property sidential real property Section C - Assets F ife r r r ummary (See instructions.)	06/22	During 2021 Tax	Year Usi	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ng the Altern 12 yrs. 30 yrs.	MM	S/L   S/L	tem
g 25-yea h Reside i Nonres  20a Class   b 12-yea c 30-yea d 40-yea Part IV S  21 Listed project	r property ential rental property sidential real property Section C - Assets F ife r r r ummary (See instructions.) perty. Enter amount from line	06/22	During 2021 Tax 553,	Year Usi	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ng the Altern 12 yrs. 30 yrs. 40 yrs.	MM	S/L     S/L     S/L   S/L   S/L   S/L   S/L   S/L   S/L   S/L   S/L     S/L     S/L     S/L     S/L     S/L     S/L     S/L     S/L       S/L	tem
g 25-yea h Reside i Nonres  20a Class   b 12-yea c 30-yea d 40-yea Part IV S  21 Listed prop 22 Total. Add	r property ential rental property sidential real property Section C - Assets F ife r r r ummary (See instructions.) perty. Enter amount from line amounts from line 12, lines	/ 06/22 e 28	During 2021 Tax 553,	Year Usi	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  ng the Altern  12 yrs. 30 yrs. 40 yrs.	MM MM MM MM mative Deprec	S/L   S/L	175.
g 25-yea h Reside i Nonres  20a Class I b 12-yea c 30-yea d 40-yea Part IV S 21 Listed proj 22 Total. Add Enter here	r property ential rental property sidential real property Section C - Assets F ife r r r ummary (See instructions.) perty. Enter amount from line	9 06 /22 e 28	During 2021 Tax  553,  es 19 and 20 in courtnerships and S courtne	Year Usi 015.	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  ng the Altern  12 yrs. 30 yrs. 40 yrs.	MM MM MM MM mative Deprec	S/L   S/L	tem

-01111 430Z	(2021)	AD	<del></del>	COTATAT	<u> </u>	. T T	122210			
Part V	Listed Prop				other veh	icles, c	certain a	aircraft,	and propert	y used for
	entertainmer	nt, recreation.	, or amuser	nent.)						

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A - Deprecia	tion and Othe	r Informa	tion (Cau	ition: S	See the i	nstructi	ons for li	mits for p	oasseng	er auton	nobiles. )	)	
<u> 2</u> 4a	Do you have evidence to support the	business/investr	nent use cla	imed?	Y	es 🗌	No	<b>24b</b> If "Y	es," is th	ne evide	nce writt	en?	Yes [	No
	(a) Date Type of property (list vehicles first) placed ir service	(c) Busines investme use percen	nt ot	(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)		<b>(f)</b> Recovery period	Met	<b>(g)</b> Method/ Convention		(h) Depreciation deduction		i) ted n 179 st
 25	Special depreciation allowance for	qualified liste	d property	placed in	n servic	e during	the tax	year and	<u>'</u>					
	used more than 50% in a qualified	business use		· 						25				
26	Property used more than 50% in a								_		_			
			%											
	: :		%											
	: :		%											
<u>27</u>	Property used 50% or less in a qui	alified busines	s use:											
	i i		%						S/L -					
			%		$\perp$				S/L -					
			%						S/L -					
	Add amounts in column (h), lines 2											1		
29	Add amounts in column (i), line 26	. Enter here ar										29		
			Section I											
	nplete this section for vehicles use												ehicles/	
to y	our employees, first answer the qu	estions in Sec	tion C to s	ee if you	meet a	n except	tion to d	completin	ng this se	ection fo	r those v	/ehicles.		
_			Τ,	-\		L.\		(-)		-1\	,	-1	15	
20	Total husiness (investment miles driver	during the	·	(a) Vehicle		(b)		(c)	1	d) violo	-	e)	(f) Vehicle	
30	O Total business/investment miles driven during the year (don't include commuting miles)			licie	Vehicle Vel		Vehicle Ve		nicle	vei	nicle	Veili	CIE	
21	Total commuting miles driven duri													
	Total other personal (noncommuti		•											
JZ														
33	driven Total miles driven during the year.													
-	Add lines 30 through 32													
34	Was the vehicle available for person		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?							1						
35	Was the vehicle used primarily by													
	than 5% owner or related person?													
36	Is another vehicle available for per													
	use?													
	Section	C - Questions	for Empl	oyers W	ho Prov	ride Veh	icles fo	or Use by	/ Their E	mploye	es			
	swer these questions to determine		exception	to comp	leting S	ection E	3 for vel	nicles use	ed by em	ployees	who a	ren't		
	re than 5% owners or related perso				_								T	
	Do you maintain a written policy s employees?												Yes	No
38	Do you maintain a written policy s		-				-							
	employees? See the instructions f		•		cers, di	rectors,	or 1% c	or more o	wners				-	
	Do you treat all use of vehicles by												-	
40	Do you provide more than five veh			_										
	the use of the vehicles, and retain												-	
41	Do you meet the requirements con													
D	Note: If your answer to 37, 38, 39	, 40, or 41 is "`	es," don'	t complet	e Secti	on B for	the cov	ered veh	icles.					
P	Art VI Amortization		(h)	Τ	(c)			(4)		(0)			(f)	
			ate amortization begins					(d) Code section		(e) Amortiza period or per	ition	<b>(f)</b> Amortization for this year		
42	Amortization of costs that begins	during your 20	21 tax yea	ır:										
42	Amortization of costs that begins	during your 20	21 tax yea	r:										
	Ţ.													
	Amortization of costs that begins  Amortization of costs that began to										43			

Form **4562** (2021)