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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ABILITY BEYOND DISABILITY

Doing Business As
ABILITY BEYOND DISABILITY

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4 BERKSHIRE BLVD

City or town, state or country, and ZIP + 4
BETHEL, CT 06801

D Employer identification number
14-1758770

E Telephone number
(203) 775-4700

G Gross receipts $ 12,207,944

F Name and address of principal officer
THOMAS H FANNING
4 BERKSHIRE BLVD
BETHEL, CT 06801

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ABILITYBEYONDDISABILITY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1995 | **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ABILITY BEYOND DISABILITY HELPS OVER 1700 PEOPLE EACH YEAR TO BUILD A BETTER LIFE-PROVIDING HOMES SUPPORTS OFFERING JOB TRAINING AND HELP FINDING WORK- ABOVE ALL TEACHING EVERY PERSON THE SKILLS NEEDED TO ACHIEVE THEIR DREAMS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	229
6	Total number of volunteers (estimate if necessary)	**6**	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	11,991,784	12,192,945
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,912	14,999
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	314	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,012,010	12,207,944
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,491,557	7,075,827
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,192,310	4,825,848
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,683,867	11,901,675
19	Revenue less expenses Subtract line 18 from line 12	328,143	306,269

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,810,578	8,676,673
21	Total liabilities (Part X, line 26)	8,559,675	8,179,426
22	Net assets or fund balances Subtract line 21 from line 20	250,903	497,247

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-03-30

THOMAS H FANNING PRESIDENT CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

OUR MISSION IS IN OUR NAMEAT ABILITY BEYOND DISABILITY WE DISCOVER BUILD AND CELEBRATE THE ABILITY IN ALL PEOPLE WE ARE COMMITTED TO PROVIDING THE HIGHEST QUALITY OF SERVICES TO THE GROWING NUMBER OF PEOPLE WITH DISABILITIES WHO NEED US

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 7,034,645 including grants of $) (Revenue $ 8,022,330)

EVERY PERSON DESERVES A SAFE PLACE TO CALL HOME WE PROVIDE SUPPORTS IN BOTH GROUP HOMES AND INDEPENDENT APARTMENTS EACH PROGRAM HAS DIFFERENT GOALS AND IS GEARED TOWARDS THE INDIVIDUALS WHO LIVE THERE OUR STRATEGIC PLAN AIMS TO EXPAND THESE SERVICES TO MORE PEOPLE WHO NEED US INCORPORATE INNOVATIVE TECHNOLOGY UTILIZE A SPECIALLY TRAINED WORKFORCE AND DEVELOP BEST PRACTICES WHICH ARE REPLICABLE TO OTHER PROVIDERS ACROSS THE COUNTRY AS PART OF THIS PLAN WE WILL USE NEW TECHNOLOGY TO PROVIDE SERVICES IN THE MOST DIGNIFIEDEFFICIENT MANNERALLOWING EACH INDIVIDUAL TO LIVE AS INDEPENDENTLY AS POSSIBLE CONTINUED ON SCHEDULE O

4b (Code) (Expenses $ 3,577,272 including grants of $) (Revenue $ 4,163,443)

WE OFFER EVERY PERSON WE SERVE CHOICES IN HOW THEY LIVE WORK AND PARTICI- PATE IN THEIR COMMUNITIES IN FACT ABILITY BEYOND DISABILITY OFFERS ONE OF THE MOST COMPREHENSIVE SYSTEMS OF COMMUNITY-BASED SUPPORT FOR PEOPLE WITH DISABILITIES IN THE NORTHEAST OUR SERVICES ARE TAILORED TO MEET THE UNI- QUE NEEDS OF EVERY PERSON AT EVERY STAGE OF THEIR LIFE OUR COMMITMENT TO RESEARCH AND INNOVATION ALLOWS US TO PROVIDE A COMPREHENSIVE SUITE OF SERVICES AT A FAR GREATER LEVEL OF EFFICIENCY THAN OTHER LIKE ORGANIZATIONS WHILE MUCH OF OUR FUNDING COMES FROM STATE LOCAL AND FEDERAL AGENCIES WE RELY ON PHILANTHROPIC SUPPORT TO FILL THE GAP BETWEEN THE OVERALL COST TO PROVIDE SERVICES AND THE FUNDING WE RECEIVE CONTINUED ON SCHEDULE O

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 10,611,917

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
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, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 Schedule J*	**23**	Yes	
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–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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 Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	12		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
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	229		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
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)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
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?		6a		No
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).**				
a	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
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	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☐

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

LORI PASQUALINI
4 BERKSHIRE BLVD
BETHEL, CT 06380
(203) 775-4700

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL HAMILTON BOARD OF DIRECTORS	2	X						0	0	0
(2) DAVID KASIARZ BOARD OF DIRECTORS	2	X						0	0	0
(3) HARVEY M KRAMER MD BOARD OF DIRECTORS	2	X						0	0	0
(4) LINDA C BERRY BOARD OF DIRECTORS	2	X						0	0	0
(5) MEGAN BRODERICK BOARD OF DIRECTORS	2	X						0	0	0
(6) SAMUEL R HYMAN BOARD OF DIRECTORS	2	X						0	0	0
(7) JAY C LENT BOARD OF DIRECTORS	2	X						0	0	0
(8) JAMES LUCIANO MD BOARD OF DIRECTORS	2	X						0	0	0
(9) JOSEPH LOYA BOARD OF DIRECTORS	2	X						0	0	0
(10) GEORGE MULVANEY BOARD OF DIRECTORS	2	X						0	0	0
(11) ARTHUR T ROSENFIELD MD BOARD OF DIRECTORS	2	X						0	0	0
(12) GERGORY D SMITH BOARD OF DIRECTORS	2	X						0	0	0
(13) CANDY SHAUGHNESSY BOARD OF DIRECTORS	2	X						0	0	0
(14) CAROL STEINER BOARD OF DIRECTORS	2	X						0	0	0
(15) BARBARA B VOLZ BOARD OF DIRECTORS	2	X						0	0	0
(16) DONALD WHITHAM BOARD OF DIRECTORS	2	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) THOMAS H FANNING PRESIDENT CEO	50			X	X	X		0	355,997	19,467
(18) LORI PASQUALINI VICE PRESIDENT CFAO	50			X	X	X		0	208,025	15,565
(19) JANE DAVIS-BUNT CHIEF OPERATING OFFICER	50			X	X	X		0	144,442	15,565
(20) AMY BROWN CONTROLLER	40				X	X		0	107,215	15,565
(21) LAURIE DALE DIRECTOR OF INFORMATION TECHNOLOGY	40				X	X		0	103,698	5,277
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**									919,377	71,439

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 5

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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**	Yes	
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**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶					
Program Service Revenue		Business Code				
	2a RESIDENTIAL CONTINUUM OF CARE		8,029,502	8,029,502		
	b INDEPENDENT LIVING SUPPORTS		4,163,443	4,163,443		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		12,192,945			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶					
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		14,999			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)		14,999			
	d Net gain or (loss) . . . . . ▶		14,999	14,999		
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See Instructions . . . ▶		12,207,944	12,207,944	0	0

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,666,866	5,666,866		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	700,767	700,767		
10 Payroll taxes	708,194	708,194		
a Fees for services (non-employees) Management	1,685,619	527,474	1,158,145	
b Legal	518		518	
c Accounting	28,455		28,455	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	200,986	200,986		
12 Advertising and promotion				
13 Office expenses	102,466	102,466		
14 Information technology				
15 Royalties				
16 Occupancy	1,157,466	1,157,466		
17 Travel	389,170	389,170		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	52,640		52,640	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	370,600	370,600		
23 Insurance	18,141	18,141		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a CONSUMER PAYROLL BENEFITS	21,767	21,767		
b SUPPLIES FOOD CONSUMER SUPPORT	330,911	330,911		
c PHYSICIAN SERVICES	43,158	43,158		
d STAFF SUPPORT	64,893	64,893		
e UNCOLLECTABLE ACCOUNTS	300,000	250,000	50,000	
f All other expenses	59,058	59,058		
25 **Total functional expenses.** Add lines 1 through 24f	11,901,675	10,611,917	1,289,758	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		18,346	1	44,487
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,920,425	4	3,496,968
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		26,188	9	26,521
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 7,401,102			
	b	Less accumulated depreciation	10b 2,716,477	4,242,613	10c	4,684,625
	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		603,006	15	424,072
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,810,578	16	8,676,673
Liabilities	17	Accounts payable and accrued expenses		710,083	17	539,166
	18	Grants payable			18	
	19	Deferred revenue		319,862	19	166,545
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,745,163	23	2,987,572
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		4,784,567	25	4,486,143
	26	**Total liabilities.** Add lines 17 through 25		8,559,675	26	8,179,426
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		250,903	27	497,247
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		250,903	33	497,247
	34	Total liabilities and net assets/fund balances		8,810,578	34	8,676,673

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	12,207,944
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,901,675
3	Revenue less expenses Subtract line 2 from line 1	3	306,269
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	250,903
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-59,925
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	497,247

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ABILITY BEYOND DISABILITY

Employer identification number
14-1758770

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	10,691,637	10,854,643	11,520,729	11,991,784	12,192,944	57,251,737
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	10,691,637	10,854,643	11,520,729	11,991,784	12,192,944	57,251,737
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	106,916	108,547	115,208	119,921	121,929	572,521
c Add lines 7a and 7b	106,916	108,547	115,208	119,921	121,929	572,521
8 **Public Support** (Subtract line 7c from line 6)						56,679,216

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	10,691,637	10,854,643	11,520,729	11,991,784	12,192,944	57,251,737
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)	10,691,637	10,854,643	11,520,729	11,991,784	12,192,944	57,251,737

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	98 999 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	98 999 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	0 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ABILITY BEYOND DISABILITY

Employer identification number
14-1758770

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	4,929,294	4,532,198			
b Contributions	750	58,734			
c Investment earnings or losses	728,652	365,261			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	-27,244	-26,899			
g End of year balance	5,631,452	4,929,294			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 91 750 %
- b Permanent endowment ▶ 8 250 %
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		708,384		708,384
b Buildings		4,714,929	1,626,813	3,088,116
c Leasehold improvements		892,440	527,974	364,466
d Equipment		646,615	561,690	84,925
e Other		438,734		438,734
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,684,625

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	76,090
(2) START UP COSTS	165,175
(3) DEFERRED FINANCING	182,806
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	424,071

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO STATE	30,000
DUE TO MED COMP TECHNOLOGIES	127,851
DUE TO RELATED PARTIES	4,328,292
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,486,143

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,207,944
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,901,675
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	306,269
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-59,925
9	Total adjustments (net) Add lines 4 - 8	9	-59,925
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	246,344

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

1	Total revenue, gains, and other support per audited financial statements			1	12,207,944
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	12,207,944
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	12,207,944

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

1	Total expenses and losses per audited financial statements			1	11,901,675
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	11,901,675
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	11,901,675

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
		PART V LINE 4 ENDOWMENT FUNDS ARE USED TO SUPPORT THE CURRENT AND FUTURE OPERATIONS OF ABILITY BEYOND DISABILIY THROUGH A GROWING FLOW OF DIVIDENDS AND CAPITAL GAINS PART XI LINE 8 OTHER - TRANSFER OF NET ASSETS TO RELATED ORGANIZATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ABILITY BEYOND DISABILITY

Employer identification number
14-1758770

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☐ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS H FANNING	(i) (ii)	355,997				19,467	375,463	443,278
(2) LORI PASQUALINI	(i) (ii)	208,025				15,565	223,590	221,257
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ABILITY BEYOND DISABILITY

Employer identification number
14-1758770

Identifier	Return Reference	Explanation
		PART III 4A A PLACE TO CALL HOME GROUP AND INDEPENDENT RESIDENTIAL SUPPORTS EVERY PERSON DESERVES A SAFE PLACE TO CALL HOME IN FISCAL YEAR 2011 ABILITY BEYOND DISABILITY HELPED OVER 410 PEOPLE HAVE JUST THAT BY PROVIDING SUPPORTS IN BOTH GROUP HOMES AND INDEPENDENT APARTMENTS EACH PROGRAM HAS DIFFERENT GOALS AND IS GEARED TOWARDS THE INDIVIDUALS WHO LIVE THERE OUR GROUP HOMES PROVIDE UP TO 24 HOURS OF SUPPORT EACH DAY THESE SUPPORTS MAY INCLUDE REHABILITATION NURSING BEHAVIORAL SUPPORT AND DIRECT SUPERVISION BY STAFF FOR THOSE INDIVIDUALS WHO ARE ABLE TO LIVE MORE INDEPENDENTLY WE OFFER SUPPORT IN INDIVIDUAL HOMES AND APARTMENTS THESE SUPPORTS ARE OFFERED FOR AS LONG AND AS OFTEN AS NEEDED WITH THE FLEXIBILITY REQUIRED TO MEET A PERSON'S CHANGING NEEDS OVER TIME SOME PEOPLE REQUIRE AS LITTLE AS 2 HOURS OF SUPPORT PER WEEK RESIDENTIAL SUPPORTS FOR YOUNG ADULTS EVERY YOUNG ADULT WANTS THE OPPORTUNITY TO HAVE THEIR OWN HOME JOB AND PLACE IN THE COMMUNITY WE HAVE FOUND THAT WITH LIFE SKILLS INSTRUCTION EMPLOYMENT TRAINING AND AN INDIVIDUALIZED BUT STRUCTURED RESIDENTIAL PROGRAM THESE THREE THINGS ARE POSSIBLE FOR YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES IN DECEMBER 2010 WE EXPANDED OUR YOUNG ADULT RESIDENTIAL PROGRAM BY OPENING A YOUNG ADULT HOME IN YONKERS NEW YORK THIS NEW PROGRAM SERVES SIX YOUNG MEN AND WOMEN IN THEIR EARLY TO MID TWENTIES FOR THE INDIVIDUALS LIVING THERE IT IS THEIR FIRST TIME AWAY FROM THEIR FAMILIES THE PROGRAM PROVIDES 24-HOUR SUPPORT FOR THE FIRST 18 MONTHS IN THAT TIME THE RESIDENTS WILL PARTICIPATE IN A TRAINING PROGRAM AND OBTAIN THE SKILLS NEEDED TO GRADUATE TO LOWER LEVELS OF SUPPORT THE YOUNG ADULTS SERVED BY THIS PROGRAM PARTICIPATE IN A LIFE SKILLS PROGRAM WHERE THEY LEARN COOKING HYGIENE MONEY MANAGEMENT AND ALL NECESSARY DAILY LIVING SKILLS MANY OF THE RESIDENTS ATTEND DAY OUR VOCATIONAL PROGRAMS DESIGNED SPECIFICALLY FOR YOUNG ADULTS THEY HAVE THE OPPORTUNITY TO EXPLORE CAREER OPPORTUNITIES LEARN JOB READINESS SKILLS OR PARTICIPATE IN VOLUNTEER WORK IN-HOME SERVICES OFTEN TIMES FAMILIES ARE IN NEED OF HELP TO SUPPORT THEIR LOVED ONE AT HOME THAT SUPPORT MAY COME IN THE FORM OF BEHAVIORAL SERVICES LIFE SKILL DEVELOPMENT OR EVEN RESPITE THE IN-HOME PROGRAM AT ABILITY BEYOND DISABILITY IS DESIGNED TO MEET THE SPECIALIZED NEEDS OF PEOPLE WITH DISABILITIES AND THEIR FAMILIES AND ARE PROVIDED IN THE FAMILY HOME IN FISCAL YEAR 2011 WE EXPANDED OUR IN-HOME PROGRAM AND HELPED 26 PEOPLE STAFF WORK TOGETHER WITH THE PERSON AND THEIR FAMILY TO CREATE PERSONALIZED GOALS THAT SUPPORT THEM IN REACHING THEIR MAXIMUM LEVEL OF INDEPENDENCE THE TYPE AND INTENSITY OF SERVICES VARIES DEPENDING ON EACH PERSON'S NEEDS AND GOALS THERE ARE A WIDE VARIETY OF SUPPORTS AVAILABLE INCLUDING BUT NOT LIMITED TO CARE COORDINATION MENU PLANNING COOKING GROCERY SHOPPING PERSONAL HYGIENE ASSISTANCE LAUNDRY RECREATION SOCIAL SKILLS FAMILY TRAINING AND HOUSEHOLD CHORES

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ABILITY BEYOND DISABILITY

Employer identification number
14-1758770

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ABILITY BEYOND DISABILITY INC 4 BERKSHIRE BLVD BETHEL, CT 06801 06-0776594	HUMAN SERVICES	CT	501 (C) 3	9	NA		No
(2) GROWING POSSIBILITIES INC 4 BERKSHIRE BLVD BETHEL, CT 06801 27-0581545	HUMAN SERVICES	CT	501(C)3	9	ABILITY BEYOND DISABILITY INC		No
(3) DATHAR HOME HEALTH CARE INC 4 BERKSHIRE BLVD BETHEL, CT 06801 06-1427189	IN HOME CARE	NY	501(C)3	9	NA		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**			**No**
b Gift, grant, or capital contribution to other organization(s)	**1b**			**No**
c Gift, grant, or capital contribution from other organization(s)	**1c**			**No**
d Loans or loan guarantees to or for other organization(s)	**1d**			**No**
e Loans or loan guarantees by other organization(s)	**1e**		**Yes**	
f Sale of assets to other organization(s)	**1f**			**No**
g Purchase of assets from other organization(s)	**1g**			
h Exchange of assets	**1h**			**No**
i Lease of facilities, equipment, or other assets to other organization(s)	**1i**			**No**
j Lease of facilities, equipment, or other assets from other organization(s)	**1j**			**No**
k Performance of services or membership or fundraising solicitations for other organization(s)	**1k**			**No**
l Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**Yes**	
m Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**Yes**	
n Sharing of paid employees	**1n**		**Yes**	
o Reimbursement paid to other organization for expenses	**1o**			**No**
p Reimbursement paid by other organization for expenses	**1p**		**Yes**	
q Other transfer of cash or property to other organization(s)	**1q**		**Yes**	
r Other transfer of cash or property from other organization(s)	**1r**			**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ABILITY BEYOND DISABILITY INC	ELMNP	1,738,259	ACTUAL COST
(2) DATAHR HOME HEALTH CARE INC	Q	59,925	ACTUAL COST
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Ability Beyond Disability
-A New York Corporation

Financial Statements

June 30, 2011

O'Connor Davies Munns & Dobbins, llp

O'Connor Davies Munns & Dobbins, llp

Independent Auditors' Report

To the Board of Directors
Ability Beyond Disability – A New York Corporation

We have audited the accompanying statement of financial position of Ability Beyond Disability – A New York Corporation (the "Corporation") as of June 30, 2011, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Corporation's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements of the Corporation for the year ended June 30, 2010 were audited by other auditors whose report dated September 21, 2010 expressed an unqualified opinion on those financial statements before the restatement. The comparative totals as of and for the year ended June 30, 2010 included in this report have been derived from those statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As discussed in Note 1, the financial statements presented herewith are for Ability Beyond Disability – A New York Corporation, a separate legal entity. Ability Beyond Disability – A New York Corporation is related through common control to Ability Beyond Disability, Inc., Datahr Home Health Care, Inc., and Growing Possibilities, Inc. The accompanying financial statements are not intended to present the consolidated financial position of these controlled entities as of June 30, 2011, or the changes in net assets for the period then ended in conformity with accounting principles generally accepted in the United States of America. In accordance with accounting principles generally accepted in the United States of America, Ability Beyond Disability, Inc. has also prepared and issued audited consolidated financial statements which include these commonly controlled entities.

In our opinion, the financial statements referred to above present fairly, in all material respects, the statements of financial position of Ability Beyond Disability – A New York Corporation as of June 30, 2011, the changes in its net assets, and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

O'Connor Davies Munns & Dobbins, LLP

Stamford, Connecticut
October 6, 2011

Ability Beyond Disability
- A New York Corporation

Statement of Financial Position

Year Ended June 30, 2011
(With comparative totals for 2010)

	2011	2010
ASSETS		
Cash and cash equivalents	$ 44,487	$ 18,346
Accounts receivable, net	3,496,969	3,920,425
Due from affiliates	-	136,980
Prepaid expenses	26,522	27,451
Other assets	424,069	464,763
Property and equipment, net	4,684,626	4,242,613
	$ 8,676,673	$ 8,810,578
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts payable	$ 129,836	$ 70,618
Accrued expenses	409,331	639,465
Due to affiliates	4,328,292	4,580,410
Other liabilities	157,851	204,157
Long term debt	2,987,571	2,745,163
Deferred income	166,545	319,862
Total Liabilities	8,179,426	8,559,675
Net Assets		
Unrestricted	497,247	250,903
	$ 8,676,673	$ 8,810,578

See notes to consolidated financial statements

Ability Beyond Disability
- A New York Corporation

Statement of Activities

Year Ended June 30, 2011
(With summarized totals for 2010)

	2011	2010
PUBLIC SUPPORT AND REVENUE		
Contracts/Fees for services	$ 12,118,733	$ 11,976,801
Sales revenue from client based programs	21,640	14,983
Other income	67,571	20,226
Total Public Support and Revenue	12,207,944	12,012,010
EXPENSES		
Program Services		
Residential Continuum of Care	7,034,645	6,632,120
Independent Living Support Network	3,577,272	3,943,075
Total Program Services	10,611,917	10,575,195
Supporting Services		
Management and General	1,289,758	1,108,672
Total Expenses	11,901,675	11,683,867
Excess of Revenue over Expenses from Operations	306,269	328,143
OTHER ACTIVITIES		
Transfers to affiliates	(59,925)	-
Change in Net Assets	246,344	328,143
NET ASSETS (DEFICIT)		
Beginning of year	250,903	(77,240)
End of year	$ 497,247	$ 250,903

See notes to consolidated financial statements

Ability Beyond Disability
- A New York Corporation

Statement of Functional Expenses

Year Ended June 30, 2011
(With summarized totals for 2010)

	Program Services					
	Residential Continuum of Care	Independent Living Support	Total Program Services	Management and General	2011 Total Expenses	2010 Total Expenses
PERSONNEL COSTS						
Salaries	$ 3,921,143	$ 1,766,266	$ 5,687,409	$ -	$ 5,687,409	$ 5,825,136
Taxes and benefits	974,920	435,264	1,410,184	-	1,410,184	1,683,822
Total Personnel Costs	4,896,063	2,201,530	7,097,593	-	7,097,593	7,508,958
OTHER EXPENSES						
Facilities and equipment expenses	633,802	642,246	1,276,048	-	1,276,048	1,131,770
Program supplies and related expenses	454,604	313,640	768,244	-	768,244	760,174
Other expenses	540,976	339,394	880,370	1,237,118	2,117,488	1,755,753
Interest expense	216,182	2,880	219,062	52,640	271,702	194,985
Total Other Expenses	1,845,564	1,298,160	3,143,724	1,289,758	4,433,482	3,842,682
Total Expenses before Depreciation and amortization	6,741,627	3,499,690	10,241,317	1,289,758	11,531,075	11,351,640
Depreciation and amortization	293,018	77,582	370,600	-	370,600	332,227
Total Functional Expense	$ 7,034,645	$ 3,577,272	$ 10,611,917	$ 1,289,758	$ 11,901,675	$ 11,683,867

See notes to consolidated financial statements

Ability Beyond Disability
- A New York Corporation

Statements of Cash Flows

Year Ended June 30, 2011
(With comparative totals for 2010)

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 246,344	$ 328,143
Adjustments to reconcile change in net assets to net cash from operating activities		
Depreciation and amortization	370,600	332,227
Provision for uncollectible accounts	80,545	87,502
Change in operating assets and liabilities		
Accounts receivable	342,911	(779,945)
Prepaid expenses	929	(32,438)
Other assets	17,247	(174,676)
Accounts payable and accrued expenses	(170,916)	224,070
Due to affiliates	(115,138)	251,494
Other liabilities	(46,306)	(44,101)
Deferred income	(153,317)	(54,348)
Net Cash from Operating Activities	572,899	137,928
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(789,166)	(1,155,057)
Net Cash from Investing Activities	(789,166)	(1,155,057)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from long term debt	1,052,314	1,145,240
Payments on long term debt	(809,906)	(114,769)
Net Cash from Financing Activities	242,408	1,030,471
Net Change in Cash and Cash Equivalents	26,141	13,342
CASH AND CASH EQUIVALENTS		
Beginning of year	18,346	5,004
End of year	$ 44,487	$ 18,346
SUPPLEMENTAL CASH FLOW INFORMATION		
Cash paid for interest	$ 271,702	$ 194,985

See notes to consolidated financial statements

1. Organization

Ability Beyond Disability – A New York Corporation (the "Corporation") is a not-for-profit organization that provides comprehensive rehabilitation services to individuals whose independent living skills are impaired by disability, illness or injury. The Corporation's mission calls for the delivery of such services so that individuals may achieve and maintain self-reliance, fulfillment and comfort at home, at work and in the community.

Ability Beyond Disability – a New York Corporation is related through common control to three other not-for-profit organizations, Ability Beyond Disability, Inc., Datahr Home Health Care, Inc., and Growing Possibilities, Inc.

Ability Beyond Disability – a New York Corporation is exempt from income taxes as defined in Internal Revenue Code Section 501(c)(3) and, accordingly, the financial statements do not reflect a provision for income taxes.

Revenues earned from various departments of the States of New York were approximately 89% and 88% of total contracts and fees for services in 2011 and 2010 respectively.

2. Summary of Significant Accounting Policies

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Basis of Presentation

Net assets are classified as unrestricted, temporarily restricted or permanently restricted based upon the existence or absence of donor-imposed restrictions limiting the use of the contributed assets. The Corporation's net assets are neither permanently nor temporarily restricted by donor-imposed restrictions and are classified as unrestricted.

Cash and Cash Equivalents

The Corporation considers all highly liquid debt instruments with a maturity of three months or less at the time of purchase that are utilized for operations to be cash equivalents.

2. Summary of Significant Accounting Policies *(continued)*

Property and Equipment

Property and equipment are recorded at cost or in the case of donated assets at estimated fair value at date of gift, less accumulated depreciation. Buildings, improvements, furniture, fixtures, equipment and vehicles are being depreciated using the straight-line method over the estimated useful lives of the assets which range from 3 to 30 years. The title to certain equipment purchased with government grant funds is held by the grantor. Pursuant to prevailing accounting principles, the Corporation has capitalized and depreciated such equipment in its financial statements over the life of their estimated life or program period.

Impairment or Disposal of Long-lived Assets

FASB guidance requires long-lived assets be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amounts may not be recoverable. Recoverability of the long-lived assets is measured by a comparison of their carrying amount to market value or future undiscounted net cash flows expected to be generated by the assets. If such assets are considered to be impaired, their carrying amounts are reduced.

Deferred Income

Deferred income consists of government grants, for specified purposes, which the Corporation has not received or expended as well as income received from others in advance of being earned.

Revenue Recognition

Net service revenue is reported at the estimated net realizable amounts from consumers, third-party payors and others for services rendered. Revenue under third-party payor agreements is subject to governmental review and may require retroactive settlements based on the reporting of actual annual costs and other regulatory processes. Estimates of these adjustments are recorded on a current basis. To the extent that the subsequent actual adjustment is more or less than the estimate, such amounts are reflected in the operating results for the period in which the final adjustment becomes known.

2. Summary of Significant Accounting Policies *(continued)*

Revenue Recognition

Net service revenue is reported at the estimated net realizable amounts from consumers, third-party payors and others for services rendered. Revenue under third-party payor agreements is subject to governmental review and may require retroactive settlements based on the reporting of actual annual costs and other regulatory processes. Estimates of these adjustments are recorded on a current basis. To the extent that the subsequent actual adjustment is more or less than the estimate, such amounts are reflected in the operating results for the period in which the final adjustment becomes known.

Functional Expenses

The Corporation allocates its expenses on a functional basis among its program and support services. Expenses that can be specifically identified with a program or support service are allocated directly. Other expenses that are common to several functions are allocated based on estimates made by management.

Accounting for Uncertainty in Income Taxes

Management recognizes the effects of income tax positions only if those positions are more likely than not to be sustained. Management has determined that the Corporation had no uncertain tax positions that would require financial statement recognition. The Corporation is no longer subject to examinations by the applicable taxing jurisdictions for periods prior to 2007.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/ or recognition in the financial statements through the date that the financial statements were available to be issued, which date is October 6, 2011.

3. Concentration of Credit Risk

Financial instruments that potentially subject the Agency to significant concentrations of credit risk consist principally of cash and investments. At times, cash balances may be in excess of balances insured by the Federal Deposit Insurance Corporation. The Corporation has not experienced any losses in such accounts and management believes the Corporation is not exposed to any significant credit risk.

3. Concentration of Credit Risk (*continued*)

A significant portion of the Corporation's support and revenue is from government fees, contracts and grants in fiscal 2011. As with all government funding, grants and fees may be subject to reduction or termination in future years. Any significant reduction in these grants and fees could have a negative impact on the Corporation's program services. Based upon the nature of these grants, management believes the Corporation is not exposed to any significant credit risk.

4. Accounts Receivable

Accounts receivable consisted of the following at June 30, 2011:

	2011	2010
Accounts receivable	$ 4,081,513	$ 4,424,424
Allowance for doubtful accounts	(584,544)	(503,999)
	$ 3,496,969	$ 3,920,425

The total accounts receivable consists of amounts due from various third-party payers including Medicare, Medicaid, certain state agencies, insurance companies, and from individuals and corporations. Specific accounts determined to be uncollectible are written off in the period that such a determination is made. Based on management's review of all remaining accounts receivable, an allowance for doubtful accounts is provided as shown above.

As of June 20, 2011, accounts receivable of Ability Beyond Disability – A New York Corporation was used as collateral to secure a revolving promissory note with a bank and a term loan between Ability Beyond Disability, Inc.

5. Due from Affiliates

The amounts due from affiliates consist of the following as of June 30:

	2011	2010
Due for Datahr Home Health Care, Inc.	$ -	$ 121,980
Due from Med-Center Home Health Care, Inc.	-	15,000
Due from affiliates	$ -	$ 136,980

6. Other Assets

Other assets consisted of the following as of June 30:

	2011	2010
Security deposits	$ 76,090	$ 118,653
Defered program costs, net of accumulated amortization of $819,082 and $797,094	165,174	143,798
Deferred financing cost	182,805	202,312
	$ 424,069	$ 464,763

Deferred program costs are costs incurred and capitalized by the Agency in the month preceding the opening of Office for People with Developmental Disabilities ("OPWDD") funded programs. The deferred program costs are amortized over a period of five years and include the costs incurred and capitalized in establishing various State of New York Department of Health ("DOH"), funded apartments with offsetting advances received from DOH reported as deferred income.

7. Property and Equipment

Property and equipment consisted of the following as of June 30:

	2011	2010
Land, buildings and improvements	5,423,313	5,962,644
Furniture, fixtures and other	403,761	390,393
Leasehold improvements	892,440	-
Transportation Vehicles	242,854	193,927
	6,962,368	6,546,964
Less accumulated depreciation	(2,716,476)	(2,354,913)
	4,245,892	4,192,051
Construction in progress	438,734	50,562
	$ 4,684,626	$ 4,242,613

8. Long-Term Debt

Mortgages Payable

Mortgages payable consisted of the following as of June 30:

Lender/Collateral/ Interest Rate/Maturity	2011	2010
Wachovia / Wells Fargo Bank		
Bridge Loan, North Broadway, Yonkers		
Variable - LIBOR Market Index plus 3.0%		
Due 6/30/11	$ -	$ 590,000
Dormitory Authority of the State of New York		
Carmel		
Average rate per annum 5.98%. Due 8/15/11	6,260	52,998
Community Preservation Corp Mortgage		
Lewisboro, Carpenter Ave. Millington		
Fixed - 7.29%, Due 9/01/17	795,410	874,678
Buchannan		
Fixed - 7.22%, Due 3/1/21	628,673	671,631
Yonkers		
Fixed - 4.86%, Due 3/1/26	1,040,316	-
Hudson Valley Bank, N A Mortgages		
Brookside Ave. Yortown Heights		
Fixed - 8.61%, Due 3/1/20	516,912	555,856
Total Mortgages Payable	$ 2,987,571	$ 2,745,163

Following are maturities of mortgages payable for the next five years and beyond at June 30:

2012	$ 235,131
2013	250,423
2014	266,635
2015	282,039
2016	293,638
Subsequent to 2016	1,659,705
Total	$ 2,987,571

8. Long-Term Debt (*continued*)

The above listed maturities assume that all mortgages maturing before the amortization term will be refinanced when due at terms comparable to present borrowing. Under the terms of a loan agreement with the consortium of banks, the Corporation is required to satisfy certain measures of financial performance.

9. Deferred Income

DOH and OPWDD have provided certain funds for the start up operations, purchase of real property, and environmental modifications for long-term residential programs and clients.

The revenue is being organized over the term of assets life: 20 years for property purchase and environmental modifications, 10 years for property improvements and 5 years for development contracts.

10. Related Party Transactions

The Corporation purchases management and professional services and support from Ability Beyond Disability, Inc. The corporation paid the Agency management and professional services fees of $1,738,259 and $1,638,020 for the years ended June 30, 2011 and 2010, respectively.

The statement of activities for the year ended June 30, 2011 reflects contributions to an affiliate, Datahr Home Health Care, Inc., in the amount of $59,925.

11. Contingencies

The health care industry is subject to numerous laws and regulations of federal, state and local governments. Recently, government activity has increased with respect to investigations concerning possible violations by health care providers of fraud and abuse statutes and regulations. Compliance with such laws and regulations are subject to future government review and interpretations as well as potential regulatory actions. At this time the Agency is not aware nor have they been notified of any pending regulatory inquiries.

The Agency is undergoing a routine audit of Medicaid reimbursements by the New York State Office of Medicaid Inspector General ("OMIG") for the period beginning April 1, 2004 through December 31, 2007. OMIG has not yet issued a final report on this matter. Management does not believe that the ultimate outcome of the audit will have a material adverse effect on the Agency's financial position, results of operations or liquidity.