Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury

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

Open to Public

	narrieve	enue Service	Go to www.irs.gov/Form990 for instructions and the latest			Inspection			
<u>A</u>	For the	e 2020 calend	dar year, or tax year beginning ${\tt Jul 1}$, 2020, and ending	Ju Ju	n 30	, 20 21			
в	Check if	f applicable:	C Name of organization SOUTHERN COLORADO DEVELOPMENT DISABIL	ITIES, INC	D Emplo	oyer identification number			
	Address	s change	Doing business as		84-10)71442			
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Telephone number				
	Initial re	turn	P.O. BOX 781		(719))846-3388			
	Final retu	urn/terminated							
	Amende	ed return	TRINIDAD, CO 81082		G Gross	receipts \$3,597,832.			
	Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a gro	up return fo	or subordinates? 🗌 Yes 🛛 No			
			DUANE ROY, P.O. BOX, TRINIDAD, CO 81082	H(b) Are all su	bordinat	es included? 🗌 Yes 🗌 No			
I	Tax-exe	empt status:	ttach a lis	st. See instructions					
J	Website	e:►N/A		H(c) Group ex	emption	number 🕨			
к	Form of	organization: 🗙	Corporation ☐ Trust	tion: 1987	M State	of legal domicile: CO			
Ρ	art I	Summa	ry		-	7			
	1		cribe the organization's mission or most significant activities: ASSIS	TING THE H	IANDI	CAPPED			
é		,	с с <u></u>						
Governance									
ern	2	Check this	box ►	of more than 2	25% of	its net assets			
Š	3		voting members of the governing body (Part VI, line 1a)		3	5			
ୁ ଅ	4			4	5				
es	5			5	8				
Activities &	6		ber of individuals employed in calendar year 2020 (Part V, line 2a)		6				
cti						1			
٩	7a		ated business revenue from Part VIII, column (C), line 12		7a	0.			
	b	Net unrela	ted business taxable income from Form 990-T, Part I, line 11		7b	0.			
		Contributio		Prior Year		Current Year			
ue	8		ons and grants (Part VIII, line 1h)		800.	2,000.			
Revenue	9	•	ervice revenue (Part VIII, line 2g)	4,278,					
Be	10		t income (Part VIII, column (A), lines 3, 4, and 7d)		98.	1,000.			
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,280,	236.	3,597,832.			
	13		I similar amounts paid (Part IX, column (A), lines 1–3)						
	14		aid to or for members (Part IX, column (A), line 4)						
es	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	389,	965.	355,743.			
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)						
ğ	b		raising expenses (Part IX, column (D), line 25) ►0.						
ш	17	-	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,808,		3,158,620.			
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,198,	641.	3,514,363.			
	19	Revenue le	ess expenses. Subtract line 18 from line 12	81,	595.	83,469.			
or Ces				Beginning of Curre	ent Year	End of Year			
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)	778,	772.	761,927.			
t As d B	21	Total liabili	ties (Part X, line 26)	388,	997.	288,684.			
Fund	22		or fund balances. Subtract line 21 from line 20	389,		473,243.			
-	art II		re Block	·	I	•			
Un	der pena		I declare that I have examined this return, including accompanying schedules and state	ments and to the	best of n	ny knowledge and belief it is			

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 belie 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 DUANE ROY DIRECTOR Type or print name and title Image: State			04/20/2022 Date	
Paid Preparer	Print/Type preparer's name Dixon, Waller & Co., Inc.	Preparer's signature	Date	Check if self-employed	PTIN P00609909
Use Only	Firm's name ► Dixon Waller &	Co., Inc.	F	Firm's EIN ► 84-0	605728
	Firm's address ► 164 E Main, Tri		F	Phone no. (719)8	46-9241
May the IRS	discuss this return with the preparer s	hown above? See instructions			🛛 Yes 🗌 No
For Paperwo	rk Reduction Act Notice, see the separa	te instructions. BAA	REV 02/17/22 PR	0	Form 990 (2020)

	00 (2020) Page 2
Part	\sim
1	Check if Schedule O contains a response or note to any line in this Part III
•	ASSISTING THE HANDICAPPED
•	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,474,213. including grants of \$0.) (Revenue \$ 3,594,832.)
	PROGRAM SERVICES FOR MENTALLY AND PHYSICALLY HADICAPPED
	INDIVIDUALS
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 3,474,213.
	REV 02/17/22 PRO Form 990 (2020)

Part	00 (2020) Checklist of Required Schedules			Page 3
r ar c			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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
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		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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), 501(c)(4), and 501(c)(29) 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		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part		- 55		L
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	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		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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,			
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►	4a		×
b				
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E.		
5a		5a 5b		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			×
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 as charitable contributions?	6a		×
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).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	154		
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
		1-10		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		×
	excess parachute payment(s) during the year?	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
10	If "Yes," complete Form 4720, Schedule O.	10		

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗙
Secti	on 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 5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 5			
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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
8	stockholders, or persons other than the governing body?	7b		×
	the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Casti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	loa		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14	×	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
~	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		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (Sec	tion t	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	of inte	rest p	olicy,

20	State the na	me, address,	, and to	elephone number of t	he pers	on who	posse	esses t	he organizatio	n's b	ooks and	records 🕨	
	SOUTHERN	COLORADO	DEV.	DISABILITIES,	INC,	P.O.	BOX	781,	TRINIDAD,	CO	81082	(719)846-3	3388

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(2) ALFREDO PANDO 2.00 × 0. 0. 0. 0. VICE PRESIDENT 2.00 × 0. 0. 0. 0. (3) RON NIELSEN 2.00 × 0. 0. 0. 0. SECRETARY 2.00 × 0. 0. 0. 0. (4) MONTY QUINTERO 2.00 × 0. 0. 0. 0. MEMBER 2.00 × 0. 0. 0. 0. (5) DAVE SHIRE 2.00 × 0. 0. 0. 0. (6) 0. 0.					(0	C)					
Name and title Average hours per week (list any related organizations organizations) Dext unless person is both an officer and a director/trusteel organization. (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Estimated amount of other compensation from the organizations (W-2/1099-MISC) Estimated amount of other compensation from the organizations (W-2/1099-MISC) Estimated amount of other compensation from the organizations (W-2/1099-MISC) Estimated amount of other compensation from the organizations (W-2/1099-MISC) Estimated amount of other compensation from the organizations (W-2/1099-MISC) (1) DON SPENCER 2.00 X 0 0.	(A)	(B)							(D)	(E)	(F)
hours per week (list any hours for related organizations below dotted line) officer and a director/trustee) compensation from the organizations (W-2/1099-MISC) compensation from the organizations (W-2/1099-MISC) of other compensation from the organizations (W-2/1099-MISC) (1) DON SPENCER 2.00 × 0 0 0 0 0 PRESIDENT × 0 0 0 0 0 0 VICE PRESIDENT 2.00 × 0 0 0 0 0 SECRETARY 2.00 × 0 0 0 0 0 (4) MONTY QUINTERO 2.00 × 0 0 0 0 0 MEMBER 2.00 × 0 0 0 0 0 (6) 0 0 0 0 0 0 0	Name and title	Average							Reportable	Reportable	Estimated amount
per week (list any hours for related organization below dotted line) n n to related organization related organization related organization below dotted line) n n to related related organization related organizations compensation from the organizations (W-2/1099-MISC) compensation (W-2/1099-MISC) compensation from the organizations (1) DON SPENCER 2.00 × 0 0. 0. 0. 0. (2) ALFREDO PANDO 2.00 × 0 0. 0. 0. 0. VICE PRESIDENT 2.00 × 0 0. 0. 0. 0. (3) RON NIELSEN 2.00 × 0 0. 0. 0. 0. (4) MONTY QUINTERO 2.00 × 0 0. 0. 0. 0. (5) DAVE SHIRE 2.00 × 0 0. 0. 0. 0. (6) 0 0 0. 0. 0. 0. 0.											
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Image: organizations below dotted line) Image: organizations dotted line) Image: organization dotted line) Image: organizations d			divi	stitu	ffice	ey e	nplc	orme			
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(1) DON SPENCER 2.00 × 0. 0. 0. PRESIDENT × 0. 0. 0. 0. (2) ALFREDO PANDO 2.00 × 0. 0. 0. VICE PRESIDENT × 0. 0. 0. 0. (3) RON NIELSEN 2.00 × 0. 0. 0. SECRETARY × 0. 0. 0. 0. (4) MONTY QUINTERO 2.00 × 0. 0. 0. MEMBER 2.00 × 0. 0. 0. 0. (5) DAVE SHIRE 2.00 × 0. 0. 0. 0. 0. (6) 0. 0. 0.			r tr	า <u>a</u> l t		oye	m				
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(1) DON SPENCER 2.00 × 0. 0. 0. PRESIDENT × 0. 0. 0. 0. (2) ALFREDO PANDO 2.00 × 0. 0. 0. VICE PRESIDENT × 0. 0. 0. 0. (3) RON NIELSEN 2.00 × 0. 0. 0. SECRETARY × 0. 0. 0. 0. (4) MONTY QUINTERO 2.00 × 0. 0. 0. MEMBER 2.00 × 0. 0. 0. 0. (5) DAVE SHIRE 2.00 × 0. 0. 0. 0. 0. (6) 0. 0. 0.		,		tee			sated				
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Image: Constraint of the second se		2.00									
MEMBER × 0.			×						0.	0.	0.
(5) DAVE SHIRE 2.00 × 0.		2.00									
TREASURER X 0. 0. 0. (6)	MEMBER		×						0.	0.	0.
(6)		2.00									
			×						0.	0.	0.
	(6)		-								
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	<u>, , , , , , , , , , , , , , , , , , , </u>										
(11)	(11)										
			1								
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(14)	(14)										

					(0	C)							
	(A)	(B)				ition			(D)	(E)		(F)	
											Estimated amount		
		hours per week					or/trust	ee)	compensation from the	compensation from related		other	20
		(list any	or o	Ins	Officer	Kej	Hig	Former	organization	organizations		om the	JI
		hours for	Individual trustee or director	Institutional	Cer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)	(W-2/1099-MISC)		zation a	
		related organizations	ual t	iona		oldt	eeor				related c	organiza	ations
		below	rust	ltru		yee	npe						
		dotted line)	ee	trustee			nsat						
							ed						
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(25)													
1b	Subtotal		• •	•	•		•		0.	0.			0.
c	Total from continuation sheets to Part			·	•	• •	•						
d	Total (add lines 1b and 1c)		· ·						0.	0.			0.
2	Total number of individuals (including but reportable compensation from the organi		to th	lose	list	ted a	above	e) w	ho received mor	e than \$100,000	of		
	reportable compensation from the organi	Zation										Yes	No
3	Did the organization list any former of	officer dire	otor	tru	etad	_ k		mpl	ovee or highes	t compensated		105	110
0	employee on line 1a? If "Yes," complete s										3		×
4	For any individual listed on line 1a, is the												
•	organization and related organizations												
	individual										4		×
5	Did any person listed on line 1a receive of									tion or individual			
	for services rendered to the organization'	? If "Yes," c	ompl	ete	Sch	nedu	ıle J f	or s	such person .		5		×
Secti	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Rep												

	(A) Name and business address	(C) Compensation	
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ►		

12

Total. Add lines 11a-11d Total revenue. See instructions

Form 9	90 (202)	D)						Page 9
		Statement of Revenue						
		Check if Schedule O contains a re	spon	se or note to ar	ny line in this Pa	art VIII		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
D, D	С	Fundraising events	1c					
ifts ır A	d	Related organizations	1d					
ons, Gift Similar	е	Government grants (contributions)	1e					
Sir	f	All other contributions, gifts, grants,						
utic		and similar amounts not included above	1f	2,000.				
Contributic and Other	g	Noncash contributions included in						
ont Dd		lines 1a-1f	1g					
a v v	h	Total. Add lines 1a-1f		<u> 🕨</u>	2,000.			
				Business Code				
ice	2a	STATE & LOCAL SOURCES		900099	3,594,832.	3,594,832.	0.	0.
re C	b							
s r	С							
Program Service Revenue	d							
ъ	е							
Ţ	f	All other program service revenue .						
	g	Total. Add lines 2a-2f		🕨	3,594,832.			
	2	Invoctment income (including divid	donde	interact and				

P	т	All other program service revenue				
	g	Total. Add lines 2a–2f	3,594,832.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	1,000.	1,000.	0.	0.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	•	(i) Real (ii) Personal				
	6a	Gross rents 6a				
		Less: rental expenses 6b				
	b					
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a				
ne	b	Less: cost or other basis				
en		and sales expenses . 7b	_			
lev	С	Gain or (loss) 7c				
Other Revenue	d	Net gain or (loss)				
the	8a	Gross income from fundraising				
õ		events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18 8a				
	b	Less: direct expenses 8b				
	с	Net income or (loss) from fundraising events				
	9a	Gross income from gaming				
	•••	activities. See Part IV, line 19 . 9a				
	b	Less: direct expenses 9b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances 10a				
	b	Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
6	-	Business Code				
Miscellaneous Revenue	11a					
scellaneo Revenue	b					
ella vei	c					
Re	d	All other revenue				
Mi						
	е 12	Total. Add lines 11a–11d	3 597 832	3 595 832	0	0

.

► ►

3,597,832. 3,595,832.

0.

0.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must com

	IX Statement of Functional Expenses				
Sectio	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	e or note to any line	e in this Part IX		
	nt include amounts reported on lines 6b, 7b, b, 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	303,784.	303,784.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,710.	4,710.	0.	0.
9	Other employee benefits	24,759.	24,405.	354.	0.
10	Payroll taxes	22,490.	22,462.	28.	0.
11	Fees for services (nonemployees):	,120.		201	<u> </u>
a	Management				
b					
c		8,844.	0.	8,844.	0.
d		0,011.	0.	0,011.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	3,200.	3,158.	42.	0.
13	Office expenses	5,200.	0,2001		<u>.</u>
14	Information technology				
15	Royalties				
16		66,466.	47,269.	19,197.	0.
17	Travel		1772051		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	437.	437.	0.	0.
23					
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	LICENSE & FEES	13,058.	10,614.	2,444.	0.
b	SUPPLIES	18,353.	18,353.	0.	0.
C	TELEPHONE	9,503.	7,573.	1,930.	0.
d	PURCHASED SERVICES	3,029,328.	3,029,328.	0.	0.
e	All other expenses	9,431.	2,120.	7,311.	0.
25	Total functional expenses. Add lines 1 through 24e	3,514,363.	3,474,213.	40,150.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here		-,,		
	following ŠOP 98-2 (ASC 958-720)	REV 02/17/22 PRO			Eorm 990 (2020)

Form 990 (2020)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rtX		🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	397,126.	1	438,583.
	2	Savings and temporary cash investments	2,333.	2	35,753.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	336,661.	4	244,939.
		Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
		Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
s		Notes and loans receivable, net		7	
Assets		Inventories for sale or use		8	
As		Prepaid expenses and deferred charges	0.	9	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 190, 485.			
	b	Less: accumulated depreciation 10b 147,833.	42,652.	10c	42,652.
	11	Investments—publicly traded securities	42,032.	11	12,032.
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
		Total assets. Add lines 1 through 15 (must equal line 33)	778,772.	16	761,927.
		Accounts payable and accrued expenses	388,997.	17	288,684.
		Grants payable		18	· · · · · ·
		Deferred revenue		19	
1		Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities		Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
la				22	
		Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23 24	
	24 25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	388,997.	26	288,684.
JCes		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	389,775.	27	473,243.
) B		Net assets with donor restrictions	,	28	-,
Fund		Organizations that do not follow FASB ASC 958, check here \blacktriangleright and complete lines 29 through 33.			
o l					
	29			29	
ets		Capital stock or trust principal, or current funds		29 30	
Assets	30				
Ass	30 31	Capital stock or trust principal, or current funds	389,775.	30	473,243.

REV 02/17/22 PRO

Form **990** (2020)

	20 (2020)		P	age 1
Part				г
-	Check if Schedule O contains a response or note to any line in this Part XI			
1 2	Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2		97,8	
2 3	Revenue less expenses. Subtract line 2 from line 1 3	3,5	<u>514,</u>	
3 4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		83,4	
4 5	Net unrealized gains (losses) on investments		89,	//5
6	Donated services and use of facilities			
7	Investment expenses .			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
10	32, column (B))		473,2	2.44
Part			.,,,,,	
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·		
			Yes	N
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		>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		>
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 on Schedule O and describe any steps taken to undergo such audits .	3b		
	REV 02/17/22 PRO	For	m 99() (20

SCH	EDU	ILE	ΞA	
(Form	990	or 9	990-	EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2020

Open to Public

on

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Name of the	organization
-------------	--------------

.		Inspecti

n

Employer identification	ation number
04 1071440	

Part	Reason for	Public Charity	Status, (All organiz	ations must com	plete this part) See instructions.	
				-			
SOUTHERN	COLORADO	DEAEPObment	DISABILIILS,	TINC	04	-10/1442	

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2
- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than $33^{1}_{a}\%$ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g,
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
 - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
 - Enter the number of supported organizations f
 - Provide the following information about the supported organization(s)

9			jertea erganization(e)						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)									
Tota									

Part IISupport 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.)

Secti	on A. Public Support	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,		,				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3 781 353	3 925 829	4 221 647	4 280 138	3 596 831	19,805,798.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	<u>, 101, 353.</u>	5,925,029.	H, ZZI, 0H/.	4,200,130.	3,390,831.	19,003,798.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	3,781,353.	3,925,829.	4,221,647.	4,280,138.	3,596,831.	19,805,798.			
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						19,805,798.			
	on B. Total Support dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
Calen 7	Amounts from line 4				4,280,138.		19,805,798.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,883.	465.	107.		1,000.	3,552.			
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 VI.)									
11	Total support. Add lines 7 through 10		<u> </u>				19,809,350.			
12 13	Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the						$= - \frac{1}{2}$			
13	organization, check this box and stop he	-								
Secti	on C. Computation of Public Suppo									
14	Public support percentage for 2020 (line			11, column (f))		14	99.98%			
15	Public support percentage from 2019 Sc					15	99.98%			
16a	33 ¹ / ₃ % support test-2020. If the organ									
b	box and stop here. The organization qua 33 ¹ / ₃ % support test - 2019. If the organ									
	this box and stop here. The organization	•		•						
17a	17a 10%-facts-and-circumstances test—2020. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	10%-facts-and-circumstances test -2 15 is 10% or more, and if the organizatio in Part VI how the organization meets th organization	on meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	, check this bo ization qualifie	ox and stop he s as a publicly	ere. Explain supported			
18	Private foundation. If the organization	did not check	a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this bo	ox and see			
	instructions						P			

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~ ... Page 3

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
14	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b			· ·			
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b		ſ				
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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth.	or fifth tax ve	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he	•			•		
Secti	on C. Computation of Public Support						
15	Public support percentage for 2020 (line	-		13. column (f))		15	%
16	Public support percentage from 2019 Scl					16	%
	on D. Computation of Investment In						70
17	Investment income percentage for 2020 (by line 13 colu	mn (f))	17	%
18	Investment income percentage for 2020			-		18	<u> </u>
19a	33 ¹ / ₃ % support tests – 2020. If the organ						
199	17 is not more than $33^{1}/_{3}$ %, check this box						
b	33 ¹ / ₃ % support tests – 2019. If the organiz	-	-	-		-	
D	line 18 is not more than 33 ¹ / ₃ %, check this						
00		-	-	-			
20	Private foundation. If the organization di			, 19a, or 19b, 0	CHECK THIS DOX	and see instru	cuons 🕨 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described in lines 11b and а
 - 11c below, the governing body of a supported organization?
 - **b** A family member of a person described in line 11a above?
 - c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of organization's tax year, (i) a written notice describing the type and amount of support provided during the year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies organization's governing documents in effect on the date of notification, to the extent not previously pro-2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the sup organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Pa the organization maintained a close and continuous working relationship with the supported organizati 3 By reason of the relationship described in line 2, above, did the organization's supported organizati
- a significant voice in the organization's investment policies and in directing the use of the organizati income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organizat supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. *Complete line 2 below.*
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). Yes No
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

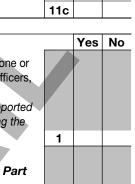
2a

2b

3a

3b

		Yes	No
the le prior tax s of the			
vided?	1		
pported art VI how			
tion(s).	2		
ions have tion's tion's			
	3		



2

1

11a

11b

Yes No

Yes No

 \bigcirc

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
	ion D–Distributions	<u>, 11 0 0 </u>		Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted 2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga		
4	Amounts paid to acquire exempt-use assets	oses of supported orga	4	
- 4 5	Qualified set-aside amounts (prior IRS approval required-	provide details in Deut		
	* 11 1	-provide details in Part	,	
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6	
7 8	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whic	h the organization is rea	7	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	· · · · · · · · · · · · · · · · · · ·
10	Line 8 amount divided by line 9 amount		10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	E 00/E			
a	F 00/0			
	F 0047			
<u>ح</u>	F 00/0			
e				
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2020 distributable amount			
_ <u>i</u>	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

(Form	EDULE D 990) ent of the Treasury Revenue Service	► Complete if the orga Part IV, line 6, 7, 8, 9, 10 ►	al Financial Statements anization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Attach to Form 990. 90 for instructions and the latest informa		OMB No. 1545-0047			
Name o	f the organization			Employer iden	lification number			
		RADO DEVELOPMENT DISABILIT		84-107144				
Par			sed Funds or Other Similar Fund	ls or Accou	nts.			
	Compl	ete if the organization answered "	· · ·	1				
-			(a) Donor advised funds	(b) Fund	nds and other accounts			
1		at end of year						
2		ue of contributions to (during year) . ue of grants from (during year)						
3 4								
5		ue at end of year	L advisors in writing that the assets he	ld in donor a	dvised			
			organization's exclusive legal control					
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds								
			t of the donor or donor advisor, or for					
		·			· · 🗌 Yes 🗌 No			
Par		rvation Easements.						
		ete if the organization answered "						
1	1 ()	conservation easements held by the o	rganization (check all that apply). ation or education) Preservation o	f a bistoriaally	important land area			
	storic structure							
		of natural habitat on of open space		r a certined fil				
2	of a conservation							
	eld at the End of the Tax Year							
а								
b Total acreage restricted by conservation easements								
С			storic structure included in (a)					
d			c) acquired after 7/25/06, and not o	on a · 2d				
3	tax year ►		ferred, released, extinguished, or term	ninated by the	e organization during the			
4 5	Does the org		vation easement is located arding the periodic monitoring, insp ements it holds?					
6			ting, handling of violations, and enforcing					
7	Amount of exp ►\$	enses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation e	asements during the year			
8			(d) above satisfy the requirements of s					
9	balance sheet		onservation easements in its revenue a the footnote to the organization's fina nts.	•				
Part			of Art, Historical Treasures, or (Other Simila	ar Assets.			
		ete if the organization answered ")						
1a	of art, historic	al treasures, or other similar assets	B ASC 958, not to report in its revenu held for public exhibition, education, o its financial statements that describe	, or research	in furtherance of public			
b	art, historical t provide the fol	reasures, or other similar assets held lowing amounts relating to these item		earch in furth	erance of public service,			
	(ii) Assets incl	uded in Form 990, Part X		🕨	\$ \$			
2	following amo	anization received or held works of art, historical treasures, or other similar assets for financial gain, provid amounts required to be reported under FASB ASC 958 relating to these items:						
а	Revenue inclu	ded on Form 990, Part VIII, line 1 .		🕨	\$			

b	Assets included in Form 990, Part X												\$

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) a Lable to regnarization's acculation, accouncil other records, check any of the following that make significant use of its collection items (check all that apply): a Lable collection items (check all that apply): a Lable collection items (check all that apply): a Lable collection items (check all that apply): a Lable collection items (check all that apply): b Scholarly research c Lable collection items (check all that apply): a Collection items (check all that apply): c Dreversition for thure generations c Lable collection items (check all that apply): a Collection items (check all that apply): c Drovide a description of the organization's collections and explain how they further the organization's collection? Yes No Part IV Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, line 21, or escrew, or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Te c Beginning balance . d Contributions or other assets not included on Form 990, Part X, line 21, for escrew, or custodial account liability? Yes No 10 Urber were collection from open reported an amount on Form 990, Part X, line 21, for escrew, or custodial account liability? Yes No	Schedul	e D (Form 990) 2020							Page 2
collection items (check all that apply): a [Loban or exchange program a [Data exhibition d [Loan or exchange program b [Preservation for future generations c [Other	Part	II Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Ot	her Similar Ass	ets (continued)
a Public exhibition b Control of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. b Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. c Beginning balance. c Additions during the year c Additions c Additions c Additions c Additions c Additions c Additio	3		accession, and of	ther recor	ds, chec	k any of the	follow	ving that make sig	gnificant use of its
b Scholarly research e Other c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, idd the organization solid 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?	а	Public exhibition		d	Loan	or exchance	proar	am	
c Provide a description of ruture generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 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 PartIV Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Amount Imagen: Amount Image: Amount Image: Am	b					-			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solice or receive donations of art, historical treasures, or other similar assets to be solid or raise funds rather than to be maintained as part of the organization's collection?		•							
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losses									
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programs	d	· · ·							
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2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? d Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land 0. 41,186. 41,186. b Buildings 17,011. 17,011. 0. c Leasehold improvements 34,188. 34,188. 0. d Equipment 98,100. 96,634. 1,466. <	f	-							
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b Buildings 17,011 17,011 0. c Leasehold improvements 34,188 34,188 0. d Equipment 98,100 96,634 1,466. e Other 0 0 0			• •						(u) Doon Talao
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c Leasehold improvements	-							17,011.	
d Equipment 98,100. 96,634. 1,466. e Other 1,466.		0							
e Other	-	-							
				90, Part X	k, column	(B), line 100	c.)	. >	42,652.

(7) (8)

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation: -of-year market value
(1) Financial	derivatives			
(2) Closely h	eld equity interests			
(3) Other				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		hod of valuation: -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		- 11-1 O E	
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form	
	(a) Description			(b) Book value
(1)		/		
(2)				
(3)				
(4)				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, line	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in				
(1) Federal II (2)				
(3)				
(4)				
(5)				
(6)				
<u></u>				

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . 🕨 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

	e D (Form 990) 2020			Page 4
Part			Retu	'n.
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements	3	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-	
b	Donated services and use of facilities		-	
С	Recoveries of prior year grants		-	
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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			
b	Other (Describe in Part XIII.)			
C E	Add lines 4a and 4b		4c 5	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XII Reconciliation of Expenses per Audited Financial State			
Part	Complete if the organization answered "Yes" on Form 990,			urn.
1	Total expenses and losses per audited financial statements		1	
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			
c	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 18.)	5	
Part	XIII Supplemental Information.	*		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b	; Part	V, line 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any additional in	forma	tion.

Schedule D (Fo	rm 990) 2020 Page
Part XIII	Supplemental Information (continued)
	/
	v

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information.	n 20 20
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection
Name of the organization		Employer identification number
SOUTHERN COLORA	DO DEVELOPMENT DISABILITIES, INC	84-1071442
Pt VI, Line 11b	: THE 990 IS PRESENTED TO THE BOARD FOR REVIEW AND I	S SIGNED
BY A MEMBER WHE	N APPROVED	
Pt VI, Line 15a	: THE BOARD MAKES OR APPROVES ALL DECISIONS RELATING	TO EXECUTIVE
DIRECTOR COMPEN	SATION	
	THE BOARD MAKES OR APPROVES ALL DECISIONS RELATING	
Pt VI, Line 19:	INFORMATION IS AVAILABLE UPON REQUEST AT THE BUSINE	SS/OFFICE

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHERN COLORADO DEVELOPMENT DISABILITIES, INC

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

	(a) Name, address, and EIN (if applicable) 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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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	Section 5 contr ent	g) 512(b)(13) rolled ity?
						Yes	No
(1) LAS ANIMAS COUNTY REHABILITATION CENTER 84-0602941 1205 CONGRESS DR TRINIDAD CO 81082	ASSIST HANDICAPPED INDIVIDUALS	CO	501 C 3	7	N/A		×
(2)							
(3)							
(4)							
(7)							



Employer identification number

84-1071442

Schedule R (Fo	Identification of	Related Organizations	s Taxable	e as a Partners treated as a pa	ship. Complete i artnership during	f the organiza the tax year.	ation answere	ed "Ye	es" o	n Form 990, P	art IV	, line	Page 2 34,
	(a) address, and EIN of ed 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	(F Dispropo alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	aging	(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)		-											
(4)													
(5)													
(6)													
(7)													

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. Part IV

(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	(i Section 5 contr enti	i) i12(b)(13) rolled ity?
								Yes	No
_(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
 BAA	1	REV 02/17/2	2 PRO	1	1	S	chedule R (Form 99	90) 2020

Part	Transactions With Related Organizations. Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line 3	4, 35b, or 36.		
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	izations listed in Parts	s II–IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			<mark>1</mark> a		×
b	Gift, grant, or capital contribution to related organization(s)			1b		×
С	Gift, grant, or capital contribution from related organization(s)			1c		×
d	Loans or loan guarantees to or for related organization(s)					×
е	Loans or loan guarantees by related organization(s)			1 e		×
f	Dividends from related organization(s)			1f		×
g	Sale of assets to related organization(s)			1g		×
h	Purchase of assets from related organization(s)			1h		×
i	Exchange of assets with related organization(s)			1 i		×
j	Lease of facilities, equipment, or other assets to related organization(s)			1 j		×
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		×
I	Performance of services or membership or fundraising solicitations for related organization(s)		11		×
m	Performance of services or membership or fundraising solicitations by related organization(s)			1m		×
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		×
ο	Sharing of paid employees with related organization(s)			10		×
р	Reimbursement paid to related organization(s) for expenses			1 p	×	
q	Reimbursement paid by related organization(s) for expenses			1q		×
r	Other transfer of cash or property to related organization(s)			1r		×
S	Other transfer of cash or property from related organization(s)			1s		×
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete this line, inclu	uding covered relation	ships and transaction th	reshol	ds.
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of determining amo	unt invo	lved
		type (a-s)				
(1) LA	S ANIMAS COUNTY REHABILITATION CENTER	Р	2,984,710.	COST		
(2)						
(3)						
(4)						
						_
(5)						
(6)						
BAA	REV 02/17/22 PRO			Schedule R (For	rm 990) 2020

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)	income (related, unrelated, excluded	organizat	irtners on (3) tions?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(Gene mana part	ral or aging	(k) Percentag ownershi
			sections 512-514)	Yes	No			Yes	No		Yes	No	
	_												
	-												
	-												
	-												
	-												
·	-												

BAA

Schedule R (F	Form 990) 2020 Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
	Provide additional information for responses to questions on Schedule R. See instructions.
	▼

Description For calcular year 2020, or finally real togethmap, "10.1.1	Form 8879-E0	IRS e-file Signature A for an Exempt Orga	uthorization anization		OMB No. 1545-0047
Department De tot send to the IRS. Keep for your records. Department Department <th< td=""><td></td><td></td><td></td><td>Jun 30,2021</td><td></td></th<>				Jun 30,2021	
SOUTFIEEN COLORADO DEVELOPMENT DISABILITITES, INC 84-1071442 DUANE ROY, DIRECTOR Particle of parama where to be an where to be an using this Form 8679-E0 and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 5a, or 7a below, and the amount on that line for the return being field with this form was using this Form 980-7E, and (bot or their -0- on the applicable) line below. Do not complete more than one line in Part. 1b - 3, 597, 832, 2a a Form 990-F2 check here > □ b Total revenue, if any (Form 990-F2, line 9)		Do not send to the IRS. Keep f	or your records.		2020
Name and the of other or period aubject to tax DUARNE ROY., DIRECTOR Diract Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, if you check there 0. on the jubicable in the box on line in (a, 2a, 5a, 4a, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0b, but, if you entered -0 - on the interm, then enter -0- on the problem bit is the one was blank. (then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0b, but, if you entered -0 - on the interm, then enter -0- on the interm, then enter -0- on the problem bit of the overanue, if any (Form 990, Part VIII, column (A), line 12) 1b, 3, 597, 832, 2b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0b, but, if you entered -0 - on the interm, then enter -0b - but applicable in the box of the one of t	Name of exempt organization	on or person subject to tax		Taxpayer identificati	on number
DUMNE ROY_DISECTOR Part Type of Return and Return Information (Whole Dollars Only) Check the box on line 1, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return figlied with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable lank (bot on term - 0-b, But, if You entrader -0-on the return. Then enter -0-b, But, if You entrader -0-on the return. The neutred -0-on the term 990-2000 (bot on the term 990-2000) (bot on the special bit is bot of the revenue, if any (Form 990-2E, line 9). 1b 3, 597, 832. 2a Form 190-DC heck here >>> b Total revenue, if any (Form 990-2E, line 9). 3b 3c		· · · · · · · · · · · · · · · · · · ·		84-1071442	
Earth Type of Return and Return Information (Whole Dollars Only) Check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0). But, You entered -0 on the return, then enter -0 on the applicable line blank. Whichever is applicable, blank (do not enter -0). But, You entered -0 on the return, then enter -0 on the applicable line blank. Whichever is applicable, blank (do not enter -0). But, You entered -0 on the return blank. Then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0). But, You entered -0 on the return, then enter AC between b b total revenue, if any (Form 990-C, Iane 22). 1b, 3, 597, 832, 24 2a Form 90-C check here b b total tax (Form 120-POL, line 22). 3b 3b 3c 4a Form 90-C hock here b b total tax (Form 120-POL, line 22). 3b 3c 3c 4a Form 90-C hock here b b total tax (Form 120-POL, line 22). 3b 3c 3c 4a Form 90-C hock here b b total tax (Form 120-POL, line 22). 3c 3c 3c 4a Form 90-C hock here b b total tax (Form 120-POL, line 22). 3c 3c 3c 4a Form 90-C hock here b b total tax (Form 120-POL, line 22). 7c 7c 7c Partall Declaration and Signature Authorization of Officer or Person Subject to Tax Mode penaltise on person subject to tax with respect 10 (area of organization					
Check the box for the return for which you are using this Form 8979-E0 and enter the applicable amount, draw, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 6a, 7b, whichever is applicable, blank (do not enter -0). But, if you entered -0- on the return, then eater line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0). But, if you entered -0- on the return, then enter -0- on the applicable ine below. Do not complete more than one line in Part I. 1 a Form 990-Check here ► △ b Total revenue, if any (Form 990, Part VII, column (A), line 12) 1b, 3, 597, 832. 2a Form 1900-PDC heck here ► △ b Total revenue, if any (Form 990, PZ, Ine 9). 2b, 50, 50, 50, 50, 50, 50, 50, 50, 50, 50			2.1.)		
check the box on line 1a , 2a , 3a , 4a , 5a , 6a , c , 7a below, and the amount on that line for the return being filed with this, form was black, the leave line 1b , 2b , 3b , 4b , 5b , 6b , c , 7b , whichever is applicable, blank (do not enter -04, But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here > b b b b b b c b c c c l c b c c c c c b c b c c c c c c c c c c		•	• /	his an armstrift and	fuene the weturn of the
2a Form 990-EZ check here > b b Total revenue, if any (Form 990-EZ, line 9). 2b 3a Form 1120-POL check here > b b Total tax (Form 1120-POL, line 2). 3b 4a Form 990-FZ check here > b b Balance due (Form 8868, line 3c). 5b 5a Form 970-T check here > b b Total tax (Form 970-P, Part III, line 4). 5b 6a Form 990-T check here > b b Total tax (Form 9720, Part III, line 4). 6b 7a Form 4720 check here > b b Total tax (Form 9720, Part III, line 4). 7b Part III Declaration and Signature Authorization of Officer of Person Subject to Tax Under penalties of perjury, I declare that IX I am an officer of the above organization or 1 Tam a person subject to tax with respect to (name of organization) (EN) and that I have examined a corp organization or 1 tam a person subject to Tax Under penalties of perjury, I declare that IX I am an officer of the above organization or 1 tam a person subject to tax with respect to (name of organization) (EN) and that I have examined a corp organization or 1 tam a person subject to tax with respect to (name of organization) (and compatible in function addition addition model as and/or provider, transmitter, or electronic return orginator (EPO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, la authorize the U.S	check the box on line blank, then leave line	e 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amou 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicat	nt on that line for toole, blank (do not e	the return being fillenter -0-). But, if y	ed with this form was
3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL line 22) 3b 4a Form 990-PF check here ▶ b Bance due (Form 8868, line 3c) 3b 7a Form 4720 check here ▶ b Bance due (Form 8868, line 3c) 3b 7a Form 4720 check here ▶ b D total tax (Form 4202, Part III, line 1) 3c 7a Form 4720 check here ▶ b Total tax (Form 4202, Part III, line 1) 3c 7a Form 4720 check here ▶ b Total tax (Form 4202, Part III, line 1) 3c 7a Form 4720 check here ▶ b Total tax (Form 4202, Part III, line 1) 7c 7a Form 4720 check here ▶ b Total tax (Form 4202, Part III, line 1) 3c 7a Form 4720 check here ▶ b Total tax (Form 4202, Part III, line 1) 3c 7a Form 4720 check here ▶ b Total tax (Form 4202, Part III, line 1) 3c 7a Form 4720 check here ▶ b Total tax (Form 4202, Part III, line 1) 3c 7a Form 4720 check here ▶ b Total tax (Form 4202, Part III, line 1) 3c 7a Form 4720 check here ▶ b Total tax (Form 4202, Part III, line 1) 3c 7a Form 4720 check here ▶ b Total tax (Form 4102, Part III, line 1) 3c 7a Form 4720 check here ▶ b Total tax (Form 4102, Part III, line 1) 3c 7a Fo					
4a Form 990-PF check here >					
5a Form 3868 check here ▶ b Balance due (Form 868, line 2c). 5b 6a Form 990-T check here ▶ b Total tax (Form 4720, Part III, line 4)					
6a Form 990-T check here ▶ b Total tax (Form 900-T, Part III, line 4) 6b 7a Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b 7b 7a Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Construction of Officer or Person Subject to Tax Under penalties of perjury, I declare that I have authorization of Officer or Person Subject to tax with respect to (name of organization) (IR) (IR) of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return oignator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. It applicable, I authorize the U.S. Treasury Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the selected as payment, I must contact the U.S. Treasury Financial Agent at 1-88e 53-4537 no later than 2 business days prior to the payment of taxes to receive confidential information necessary to answer inquiries and resolve issue related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I I authorize EPO Imm name					
Ta Form 4720 check here > b b b Total tax (Form 4720, Part III, line 1) Tb Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that ⊠ I am an officer of the above organization or [1] tam a person subject to tax with respect to (name of organization) (EIN) and that I have examined a copy of the electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return orginator (ERO) to send the return to the IRS and to receive from the IRS and (b) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial software for payment of the federal taxes owed on this return, and the financial institution account indicated in the tax preparation or the up and that U.S. Treasury Financial Agent at 1:fa86-635-4537 molest ma 2 busines days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only					
Part III Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that IX I am an officer of the above organization or					
(name of organization), (EIN)and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the EUS, Treasury and its designated Financial Institution account indicated in the tax preparation of the electronic payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent to the Financial Institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-882-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only					
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Par I above is the amount shown on the copy of the electronic return. It consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return or the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or the fidential designated financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution debit the entry to this account. To revoke a payment, funst contact the U.S. Treasury and itagent at 1 #88-353-453 ro later than 2 buisness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to annotice and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only [] I authorize [PRO firm name [] I authorize [] I authorize the return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return. If I have indicated within this return that a copy of the return is disclosure consent screen. Signature of officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return my PIN on	Under penalties of per	jury, I declare that 🗵 I am an officer of the above orga	nization or 🗌 I am	n a person subject t	o tax with respect to
true, correct, and complete. If urther declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-393-4537 no later than 2 businessed asys prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only □ 1 authorize FEO firm name to enter my PIN Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being	(name of organization)	, (EIN)	and that I ha	ave examined a copy
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 8 4 5 2 0 2 8 1 0 8 2 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns. ERO's signature ▶ Date ▶	true, correct, and con I consent to allow my to receive from the IR processing the return Agent to initiate an ele software for payment a payment, I must con (settlement) date. I als confidential information identification number PIN: check one box I authorize on the tax year 2 state agency(ies PIN on the return X As an officer or p electronically file	Pipelete. I further declare that the amount in Part I above intermediate service provider, transmitter, or electron S (a) an acknowledgement of receipt or reason for rej or refund, and (c) the date of any refund. If applicable ectronic funds withdrawal (direct debit) entry to the fin of the federal taxes owed on this return, and the finar- ntact the U.S. Treasury Financial Agent at 1-888-353-4 so authorize the financial institutions involved in the pr on necessary to answer inquiries and resolve issues re (PIN) as my signature for the electronic return and, if a conly ERO firm name 2020 electronically filed return. If I have indicated within) regulating charities as part of the IRS Fed/State prog n's disclosure consent screen.	e is the amount sho ic return originator ection of the transr a I authorize the U. ancial institution ad icial institution to d 4537 no later than 2 ocessing of the ele elated to the payme applicable, the cons to enter my PIN n this return that a gram, I also authorized I will enter my PIN py of the return is	own on the copy of (ERO) to send the mission, (b) the reas S. Treasury and its count indicated in ebit the entry to thi 2 business days pre- fectronic payment of ent. I have selected sent to electronic fur Enter five numbers, b do not enter all zeros copy of the return ze the aforemention as my signature of being filed with a s	the electronic return. return to the IRS and son for any delay in designated Financial the tax preparation s account. To revoke ior to the payment taxes to receive a personal unds withdrawal. as my signature at seeing filed with a ned ERO to enter my n the tax year 2020 tate agency(ies)
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 8 4 5 2 0 2 8 1 0 8 2 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns. ERO's signature ▶ Date ▶	Signature of officer or perso	n subject to tax ►		Date ► 04/20/	2022
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 8 4 5 2 0 2 8 1 0 8 2 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns. ERO's signature ▶ Date ▶				0 2, 20,	
that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns. ERO's signature ► Date ►			[
	that I am submitting t IRS <i>e-file</i> Providers for	his return in accordance with the requirements of Pub	. 4163, Modernized		
	ERO's signature ►		Date ►		
			<u> </u>		