

** PUBLIC DISCLOSURE COPY **											
	0		Return of Organization Exempt Fro	m Ir	ncome Tax	OMB No. 1545-0047					
Form 990 Department of the Treasury Internal Revenue Service			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod		2018						
			Do not enter social security numbers on this form as it	may be	e made public.	Open to Public					
			information.	Inspection							
AF	or th	e 2018 calenda	ar year, or tax year beginning ${ m OCT}$ 1 , 2018 and endi	ng Si	EP 30, 2019						
	heck if pplicab	le: C Name of	organization		D Employer identifica	tion number					
	Addre	ess CENT	ER FOR PEOPLE WITH DISABILITIES								
	Name chang		isiness as		84-07	32497					
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Roon	n/suite	E Telephone number						
	Final		RANGE STREET		303-4	42-8662					
	termir ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,977,013.					
	Amen		DER, CO 80301		H(a) Is this a group retu						
	Applio tion pendi		nd address of principal officer: MARIA STEPANYAN		for subordinates?	Yes 🔀 No					
		SAME	AS C ABOVE		H(b) Are all subordinates inclu						
		empt status:		527		t. (see instructions)					
			CPWD-ILC.ORG		H(c) Group exemption						
		f organization:	X Corporation Trust Association Other ► I	L Year o	of formation: 1977 M	State of legal domicile: CO					
Pé	nrt I	Summary		OT7T1		1					
é	1		e the organization's mission or most significant activities: <u>CPWD PR</u>								
Governance		INFORMATION AND ADVOCACY TO OVERCOME BARRIERS TO INDEPENDENT LIV									
ern	2	Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)									
<u> S</u>	3			<u> </u>							
<u>م</u>	5		ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2018 (Part V, line 2a)			77					
Activities &	6		of volunteers (estimate if necessary)			18					
ctiv			I business revenue from Part VIII, column (C), line 12			0.					
Ă			business taxable income from Form 990-T, line 38			0.					
					Prior Year	Current Year					
~	8	Contributions	and grants (Part VIII, line 1h)		1,457,582.	1,500,614.					
Revenue	9	Program servio	ce revenue (Part VIII, line 2g)		1,280,465.	1,470,656.					
eve	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)		450.	1,489.					
£	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,390.	4,254.					
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,745,887.	2,977,013.					
	13	Grants and sin	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14		o or for members (Part IX, column (A), line 4)	-	0.	0.					
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		1,951,556.	2,149,253.					
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) indraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)	·	0.	0.					
ğ	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) \blacktriangleright <u>50, 823</u> .	_	E01 027	666 214					
			s (Part IX, column (A), lines 11a-11d, 11f-24e)		501,027. 2,452,583.	666,314.					
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		293,304.	<u>2,815,567.</u> 161,446.					
v	19	Revenue less e	expenses. Subtract line 18 from line 12								
t Assets or d Balances	20	Total assats (5	lart V line 16)		ginning of Current Year 1,979,431.	End of Year 2,180,722.					
Asse	20 21	Total assets (P			854,192.	894,037.					
Net A	21		(Part X, line 26) und balances. Subtract line 21 from line 20	·	1,125,239.	1,286,685.					
	nrt II	Signature	Block	•	-1-23,237•	1 ,200,000.					
		-	declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the best of my ki	nowledge and belief, it is					

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date							
Here	MARIA STEPANYAN, EXECUTIVE DIRECTOR	•							
Paid Preparer Use Only	Print/Type preparer's name CHRISTINE LUDWIG, CPA Firm's name ACM LLP Firm's address 4999 PEARL EAST CIRCLE, SUITE 300	PTIN ff self-employed P01230006 Fitch's EIN ► 01-0724563							
	BOULDER, CO 80301	Phone no. (303) 440-0399							
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
832001 12-31-18LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2018)									

1	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF THE CENTER FOR PEOPLE WITH DISABILITIES IS TO PR	
	RESOURCES, INFORMATION AND ADVOCACY TO ASSIST PEOPLE WITH DISABILITIES IS IN PR	
	IN OVERCOMING BARRIERS TO INDEPENDENT LIVING.	,1011100
2		
	prior Form 990 or 990-EZ?	Yes X N
_	If "Yes," describe these new services on Schedule O.	
3		Yes X N
4	If "Yes," describe these changes on Schedule O. 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 ex	
	revenue, if any, for each program service reported.	
4a	1 251 442	505,528.
	SEE SCHEDULE O	
4b	Hb (Code:) (Expenses \$1, 140, 256. including grants of \$) (Revenue \$)	965,128.
	SEE SCHEDULE O	
4c	C (Code:) (Expenses \$ including grants of \$) (Revenue \$	
4-1	de Other program conviece (Deceribe in Schedule C)	
4d)
4e	0 401 660)
-15		Form 990 (201
	SEE SCHEDIILE O FOR CONTINUATION(S)	
2005		
	(Expenses \$ including grants of \$) (Revenue \$) Form 990 (

Form 990 (2	2018)	CENTER	FOR	PEOPLE	WITH	DISABILITIES
Part IV	Checklist of R	equired Sc	hedule	es		

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
~	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
44	endowments, or 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990 (X
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Form 990 (2018) CENTER FOR PEOPLE WITH DISABILITIES Part IV 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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes."			
		26		x
27	complete Schedule L, Part II	20		- 23
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	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):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	?		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	Δ			

018)					DISABILI	
Statements	Regarding C	ther II	RS Filings a	and Tax	Compliance	(continued)

					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	77							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
				3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule (3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•	4.0		х				
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country:	ccour	U?	4a						
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	s (FBΔB)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?			6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution									
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	to file Form 8282?	1	I	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e		X				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f 7g		X				
g h	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 									
8										
	sponsoring organization have excess business holdings at any time during the year?									
9										
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:									
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	۱	I							
a	Gross income from members or shareholders	<u>11a</u>								
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446								
122	amounts due or received from them.) 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	1041		120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.0								
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c								
				14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or							
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.					v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X				
	If "Yes," complete Form 4720, Schedule O.									

Form **990** (2018)

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Form 990 (2018)

Part V

Form 990	(2018)
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CENTER FOR PEOPLE WITH DISABILITIES

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

			_		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6				
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		Х	
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?		3	3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4	ŀ		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?	٤	5		Х	
6	Did the organization have members or stockholders?		6	5		Х	
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?			а		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
	persons other than the governing body?		7	b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	The governing body?		. 8	а	x		
	Each committee with authority to act on behalf of the governing body?				X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac						
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O		9	,		Х	
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev						
					Yes	Ν	
0a	Did the organization have local chapters, branches, or affiliates?		10			X	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha		···				
~			10	h			
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				x		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	before ming the form	· -				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	20	X		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ_i						
C		,	12	2	x		
3	in Schedule O how this was done Did the organization have a written whistleblower policy?				X		
14	Did the organization have a written document retention and destruction policy?			_	X		
5			··· -•	*			
5	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?		- 10		x		
	The organization's CEO, Executive Director, or top management official				X		
D	Other officers or key employees of the organization		15	a	^		
0-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem					Х	
	taxable entity during the year?		16	ba	_	~	
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi						
	exempt status with respect to such arrangements?		16	b			
7		1000 T (Cention 501))(0) = ===				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	3 990-1 (Section 501(C)(3)s on	y) av	vallap	ie	
	for public inspection. Indicate how you made these available. Check all that apply.						
~		in Schedule O)					
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of interest policy,	and fina	ncia	1I		
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	MARGARET CATTERALL - 303-442-8662						
	1675 RANGE STREET, BOULDER, CO 80301				000		
0000	5 12-31-18		F	nrm 🖁	990 (20	

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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 (Ď), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is bot officer and a director/trus			s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d I	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or dii	8			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DEBORAH CONLEY	2.00	-	=		×	1 0	ш.			
PRESIDENT		x		x				0.	0.	0.
(2) JASON KONZAK	2.00									
VICE PRESIDENT		Х		x				0.	0.	0.
(3) RUTH ARNOLD	2.00									
SECRETARY		Х		Х				0.	0.	0.
(4) GEOFFREY DOCTOROFF	2.00									
TREASURER		Х		X				0.	0.	0.
(5) NANCY PHARES-ZOOK	0.00									
MEMBER		Х						0.	0.	0.
(6) DALE GAAR	2.00									
MEMBER		х						0.	0.	0.
(7) MARIA STEPANYAN	40.00									
EXECUTIVE DIRECTOR				X				80,193.	0.	7,357.
		<u> </u>								
		4								
82007 10 21 19										Form 990 (2018)

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Form 990 (2018)

	990 (2018) CENTER FO	<u>DR PEOPL</u>	E	WI	TH	D	IS	AB	BILITIES	84-07	<u>1324</u>	<u>497</u>	Page 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B) (C)							(D)	(E)			(F)
	Name and title	Average Position							Reportable	Reportable		Fst	imated
	Name and the	hours per					than o s both		compensation	compensation			ount of
		week					r/trust		from	from related			other
		(list any	or						the	organization			ensation
		hours for	irect						organization	(W-2/1099-MIS	I	•	om the
		related	e or c	tee			sated		(W-2/1099-MISC)	(00-2/1099-1018	,0,		
		organizations	ustee	trus		e	neu		(00-2/1099-00130)			•	nization related
		below	ual tr	ional		ploy	t con /ee						nizations
		line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	IIZations
			Ч	=	5	Ke	ΈIJ	5			\rightarrow		
											$ \rightarrow $		
											\rightarrow		
											\rightarrow		
									00.100		_		
	Sub-total								80,193.		0.		', <u>357</u> .
С	Total from continuation sheets to Part VI	I, Section A					I		0.		0.		0.
d	Total (add lines 1b and 1c)								80,193.		0.	7	,357.
	Total number of individuals (including but n							o re	eceived more than \$100,0	000 of reportable	;		
	compensation from the organization												0
													Yes No
3	Did the organization list any former officer,	director. or tru	stee	e. kev	/ em	olar	vee.	or I	highest compensated en	nolovee on	ſ		
	line 1a? If "Yes," complete Schedule J for s	-			·	•			•		ľ	3	X
	For any individual listed on line 1a, is the su											Ū	
										le organization	ŀ		X
	and related organizations greater than \$150											4	
	Did any person listed on line 1a receive or a							late	ed organization or individ	lual for services	-		
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch p	perso	on .					5	X
	ion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated ind	epe	nder	t co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m
	the organization. Report compensation for	the calendar ye	ear e	ndin	g wi	ith c	or wit	hin	the organization's tax ye	ear.			
	(A)								(B)			(C	
	Name and business	address	NC	ONE					Description of s	ervices	C	ompen	sation
								T					
								1					
								1					
								+					
	Tabel south as affinder and the first of the	a alvalia a l			4 - 1				ala ava) vete a vere de la	una Albania			
	Total number of independent contractors (in	0	ot lin	nited	τo t			ed	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	zation 🕨				0)						00
											1	Form S	90 (2018)

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				OPLE WIT	H DISABILIT	TIES	84-0732	2497 Page 9
Pai	rt VII	Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any lir	ie in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
						revenue	revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns			4			
Gra		Membership dues			4			
ts, An		Fundraising events			4			
Gif Iar		Related organizations	4	483,456.	-			
Sim,		Government grants (contribut		405,450.	-			
utio	т	All other contributions, gifts, gran similar amounts not included abo		17,158.				
oth	a	Noncash contributions included in lines			1			
on		Total. Add lines 1a-1f			1,500,614.			
				Business Code				
Ð	2 a	PROGRAM FEES			1,470,656.	1,470,656.		
, vic	b							
Ser	с							
am	d							
Program Service Revenue	е							
Ą.	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		►	1,470,656.			
	3	Investment income (including						
		other similar amounts)			1,489.			1,489.
	4	Income from investment of ta						
	5	Royalties						
	_		(i) Real	(ii) Personal	-			
		Gross rents			4			
		Less: rental expenses			4			
		Rental income or (loss)		L				
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	1			
	h	assets other than inventory Less: cost or other basis			1			
	b	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)		•				
		Gross income from fundraisin						
Other Revenue	•	including \$						
evel		contributions reported on line						
Ŗ		Part IV, line 18	-					
the	b	Less: direct expenses						
0		Net income or (loss) from fund						
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gan	-	►				
	10 a	Gross sales of inventory, less						
	_	and allowances						
			Less: cost of goods sold b					
ŀ	c	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
ŀ	11 2	INSURANCE REBAT		900099	4,254.			4,254.
	n a b							
	c c							
	d							
		Total. Add lines 11a-11d			4,254.			
	12	Total revenue. See instructions			2,977,013.	1,470,656.	0.	5,743.
832000	9 12-31							Form 990 (2018

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CENTER FOR PEOPLE WITH DISABILITIES Part IX Statement of Functional Expenses

Do i	not include amounts reported on lines 6b,	e or note to any line in t (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	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	94,134.		94,134.	
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	1,741,643.	1,627,369.	70,235.	44,039
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	170,342.	158,318.	7,740.	4,284
0	Payroll taxes	143,134.	127,406.	12,280.	3,448
1	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	128,906.	117,047.	11,172.	687
2	Advertising and promotion	11.	8.	3.	
3	Office expenses	34,032.	27,731.	5,656.	645
4	Information technology				
5	Royalties				
6	Occupancy	108,783.	99,188.	8,391.	1,204
7	Travel	100,457.	84,993.	15,388.	76
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	31,748.	25,856.	5,255.	637
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	34,283.	29,272.	4,469.	542
3	Insurance	38,830.	31,617.	6,436.	777
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EMPLOYEE EXPENSES	78,858.	70,193.	6,765.	1,900
b	PARTICIPANT COSTS	73,703.	63,315.	10,277.	111
c	AGENCY ADMIN EXPENSES	18,985.	14,012.	4,755.	218
d	SUPPLIES	17,345.	14,970.	2,120.	255
	All other expenses	373.	373.		
5	Total functional expenses. Add lines 1 through 24e	2,815,567.	2,491,668.	265,076.	58,823
<u>/</u> }	Joint costs. Complete this line only if the organization	, , , ,	, , , ,		,
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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2018)	CENTER	FOR	PEOPLE	WITH	DISABIL	ITIES		84-	07
Balance Shee	t								
Check if Schedule	O contains a r	esponse	or note to an	y line in th	is Part X				
						(A Beginning			
Cash - non-interest	t-bearing						194.	1	
Savings and temp						88	7,694.	2	
Pledges and grant		- 4				6	4,790.	3	
Accounts receivab	ole, net					10	2,180.	4	
Loans and other re	eceivables from	n current	and former of	fficers, dire	ectors,				
trustees, key empl	oyees, and hig	hest cor	npensated em	ployees. (Complete				
Part II of Schedule	eL							5	
Loans and other re	eceivables from	n other d	isqualified per	rsons (as c	lefined under				
section 4958(f)(1)),	persons descr	ibed in s	section 4958(c	c)(3)(B), an	d contributing				
employers and spo	onsoring organ	izations	of section 501	l (c)(9) volu	ntary				

309,509. 2 S 101,004. 3 F 163,579. 4 5 Т F 6 Т е employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 1,495,986. basis. Complete Part VI of Schedule D _____ 10a <u>10</u>b 526,989. 918,915. 968,997. **b** Less: accumulated depreciation 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 5,658. 5,658. 15 Other assets. See Part IV, line 11 15 1,979,431. 2,180,722. 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 16 145,087. 17 195,934. 17 Accounts payable and accrued expenses 18 18 Grants payable 8,750. 8,750. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 693,727. 682,725. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of <u>6,62</u>8. <u>6,</u>628. 25 Schedule D 854,192. 894,037. 26 **Total liabilities.** Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 and complete lines 27 through 29, and lines 33 and 34. 1,038,239. 1,147,979. 27 27 Unrestricted net assets 87,000. 138,706. Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,125,239. 1,286,685. Total net assets or fund balances 33 33 2,180,722. 1.979.431. 34 34 Total liabilities and net assets/fund balances

(B) End of year

631,975.

Form 990 (2018)

Part X E

1

Assets

Liabilities

Net Assets or Fund Balances

|--|

	990 (2018) CENTER FOR PEOPLE WITH DISABILITIES	84-0	732497	Pa	_{ige} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,97				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,81				
3	Revenue less expenses. Subtract line 2 from line 1	3	16	<u>1,4</u>	46.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	1,28	6,6	85.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			_	Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•					
	Act and OMB Circular A-133?		<u>3a</u>	<u> </u>	<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	0000			
			Eorn	<u>, 990</u>	(2018)		

Form **990** (2018)

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1	Form	990	or	990-EZ)	1
l	FUIII	990	UI.	330-EZ	1

Public Charity Status and Public Support

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

OMB No. 1545-0047
2018
Open to Public Inspection

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Department of Internal Reve	of the Treasury enue Service	►	► Go to www.irs.gov	Open to Public Inspection					
Name of	the organizati	on						Employer	r identification numbe
		CENT	ER FOR PEO	PLE WITH DIS	ABILIT	FIES		8	4-0732497
Part I	Reason	for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instructions	S.	
The organ				For lines 1 through 12, c					
1 🛄				on of churches described			I)(A)(i).		
2	A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3				anization described in s			ii).		
4	•	•		njunction with a hospital			•)(iii). Enter	the hospital's name,
	city, and stat	e:							
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)		-				
6				nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X		-	-	ntial part of its support fi				ne general i	public described in
	0		omplete Part II.)		Ũ				
8	-		-	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
	-	-		ulture (see instructions).		-		-	-
	university:							Ū	
10	An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from a	contributio	ns, membersł	nip fees, an	d gross receipts from
	activities rela	ted to its exem	npt functions - subject	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support	from gross investment
	income and ι	Inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
11	An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
	lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a	Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
	the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	/ing
	control or r	nanagement o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	oorted
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с 🗌	Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
	its support	ed organizatio	n(s) (see instructions). You must complete l	Part IV, Se	ections A,	D, and E.		
d	Type III no	n-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
	that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
	requiremen	it (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .		
е 🗌	Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f Ent	er the number	of supported o	organizations						
		<u> </u>	n about the supporte	<u> </u>	(iv) to the error	anization listed			
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount of		(vi) Amount of other
	organizatior	1		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990-EZ) 2018 CENTER FOR PEOPLE WITH DISABILITIES Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170

84-0732497 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Se</u>	ction A. Public Support			-	-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	991,428.	1211354.	1243316.	1457582.	1500614.	6404294.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge					1		
	Total. Add lines 1 through 3	991,428.	1211354.	1243316.	1457582.	1500614.	6404294.	
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)							
	Public support. Subtract line 5 from line 4.						6404294.	
	ction B. Total Support	1		[1			
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 4	991,428.	1211354.	1243316.	1457582.	1500614.	6404294.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	151.	124.	126.	450.	1,489.	2,340.	
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						6406634.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 6	<u>,578,438.</u>	
13	First five years. If the Form 990 is for	r the organization's	first, second, thire	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)		
<u> </u>	organization, check this box and stor						>	
	ction C. Computation of Publi	••	•				00.00	
	Public support percentage for 2018 (I		-			14	<u>99.96 %</u>	
	Public support percentage from 2017					15	<u>99.88 %</u>	
16a	33 1/3% support test - 2018. If the o	0		,		,		
	stop here. The organization qualifies		•					
b	33 1/3% support test - 2017. If the conductor have The experimentation much							
47	and stop here. The organization qual							
1/8	10% -facts-and-circumstances test	-						
	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							
D	10% -facts-and-circumstances test	-						
	more, and if the organization meets the						· _	
10	organization meets the "facts-and-circ							
10	Private foundation. If the organization	T UIU HOL CHECK A		a, 100, 178, 01 170		edule A (Form 990		
					JULIE		UI UUU-LL/ 2010	

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Schedule A (Form 990 or 990-EZ) 2018 CENTER FOR PEOPLE WITH DISABILITIES Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support			-	-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		-				_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here	<u></u>					
Se	ction C. Computation of Public	c Support Per	centage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by I	line 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organiza	ation	
k	33 1/3% support tests - 2017. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
8320	23 10-11-18			_	Sch	edule A (Form 99	0 or 990-EZ) 2018
			15	5			

Schedule A (Form 990 or 990-EZ) 2018 CENTER FOR PEOPLE WITH DISABILITIES

1

2

Yes No

Part IV Supporting Organizations

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

16

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 CENTER FOR PEOPLE WITH DISABILITIES Part IV Supporting Organizations (continued)

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			Yes	No
44	Has the examination eccentred a gift or contribution from any of the following persons?		res	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
000	tion B. Type roupperting organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	
1				
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
6 00	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9		0-EZ)	2018

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Sche	edule A (Form 990 or 990-EZ) 2018 CENTER FOR PEOPLE WITH	DISAE	BILITIES	84-0732497 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	n Nov. 20, 1970 (explain ir	n Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections 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):			
a	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 1-1/2% 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 .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 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) 2018

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Schedule A (Form 990 or 990-EZ) 2018 CENTER FOR PEOPLE WITH DISABILITIES

Fai	Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	inizations (continued)	1
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	8		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		1	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2014			
	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A Part VI	(Form 990 or 990-EZ) 2018 CENTER FC Supplemental Information. Provide Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 line 1; Part IV, Section D, lines 2 and 3; Part I	the explanations 5a, 6, 9a, 9b, 9c,	required by Pa 11a, 11b, and	art II, line 10; Pa 11c; Part IV, Se	art II, line 17a or ection B, lines 1	84-0732497 17b; Part III, line 12; and 2; Part IV, Sectio (Section B, line 1e; Part IV, Section	n C,
	Section D, lines 5, 6, and 8; and Part V, Sect (See instructions.)	ion E, lines 2, 5, a	and 6. Also co	mplete this part	for any addition	nal information.	art v,
022020 10 11	10				Schodul	e A (Form 990 or 990	-F7\ '
832028 10-11- ⁻			20	0000000			
συτςτ	759523 B003784.T001	∠01	.0.00030	CENTER	FOR PEOP	LE WITH DI	BU

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

CENTER	FOR	PEOPLE	WITH	DISABILITIES
Organization type (check one):				

84-0732497

Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the parts unless the total contributions totaling the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts unless to the parts unless the set is the set is organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

84-0732497

CENTER FOR PEOPLE WITH DISABILITIES

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 815,513. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 185,820. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 234,529. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 4 X Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 66,042. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Page 3

Employer identification number

CENTER FOR PEOPLE WITH DISABILITIES

84-0732497

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - \$\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_ _ _ \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - \$			
823453 11-08-	18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)		

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Schedule B	8 (Form 990, 990-EZ, or 990-PF) (2018)			Page 4			
Name of ore	ganization			Employer identification number			
CENTER	R FOR PEOPLE WITH DISAB	LITIES		84-0732497			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a	ons to organizations described in se	ction 501(c)(7), (8), or (10)				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	ess for the year. (Enter this info. o	once.) ► \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held			
Parti							
_		(a) Transfor of aif					
		(e) Transfer of gif					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee			
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
Part I		(0) 000 01 girt	(4) 20				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee			
-							
		[
(a) No.			() =				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
		(e) Transfer of gift	:				
	Transferes's name, address, a	ad 7 ID + 4	Polotionship of tr	ansferor to transferee			
_	Transferee's name, address, a						
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held			
		(e) Transfer of gif	I				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee			
		[
823454 11-08-	18		Schedul	e B (Form 990, 990-EZ, or 990-PF) (2018)			

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE	E D
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Department of the Treasury

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



Interna	I Revenue Service Go to www.irs.gov/Form9	90 for instructions and the latest inform	nation. Inspection
Nam	e of the organization CENTER FOR PEOPLE	WITH DISABILITIES	Employer identification number 84-0732497
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Pa		appization appwored "Ves" on Form 000	
		•	
1	Purpose(s) of conservation easements held by the organization Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	·	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а			
b			
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register	· · · · · · · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, transferred, rel		
	year 🕨		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
•			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	
•	and section 170(h)(4)(B)(ii)?	an appamenta in ita kayanya and ayanaa	
9	In Part XIII, describe how the organization reports conservati- include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion's financial statements that describes	the organization's accounting for
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	<i>,,,</i> 1	
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		-
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
	···· · · · · · · · · · · · · · · · · ·		N A
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• • •
b	Assets included in Form 990, Part X		\$

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

Schedule	D	(Form	990)	2018
	-	·· •····	,	

		FOR PEOPLE						84-07			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following that	are a sig	nificant u	se of its c	ollection	tems	
	(check all that apply):										
а	Public exhibition	d			change progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										-
Des	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	on answered '	"Yes" on	Form 990	, Part IV, I	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia							_	7		7
L	on Form 990, Part X?							∟	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able:					Amount		
•	Paginning balance						1c		Amount		
c c	Additions during the year										
f	e Distributions during the year 1e f Ending balance 1f										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						·····	······]
Par							0.				
-		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g	g, column (a	l)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
3a	Are there endowment funds not in the posses	ssion of the organiza	tion tha	t are held a	nd administer	red for the	e organiza	ition	Г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations If "Yes" on line 3a(ii), are the related organization								3a(ii)		
D									3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	unas.							
	Complete if the organization answered		Part IV	/ line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or o			t or other		ccumulate	bd	(d) Book	value	
	Description of property	basis (investr		• •	(other)	.,	preciation			value	5
12	Land		,		50,000.				350	.00	00.
	Buildings				8,634.	4	197,10)4.			30.
	Leasehold improvements				.,		- ,- ,			,	
	Equipment			9	7,352.		29,88	35.	67	,40	67.
	Other										
	Add lines 1a through 1e. (Column (d) must ed	oual Form 990 Part 3	X. colur	nn (B), line 1	0c.)	<u></u>	<u>.</u>		968	,99	97.
								Schodulo			

Schedule D (Form 990) 2018

832052 10-29-18

Schedule	D (Form 990) 2018 CENTER FOR	PEOPLE WITH	DISABILITIES	84-0732497 Page 3
Part VI	I Investments - Other Securities.			
	Complete if the organization answered "Ye	s" on Form 990, Part IV, li	ne 11b. See Form 990, I	Part X, line 12.
(a) Desci	iption of security or category (including name of security) (b) Book value	(c) Method of v	aluation: Cost or end-of-year market value
(1) Finan	cial derivatives			
(2) Close	ly-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	►		
Part VI	II Investments - Program Related.			
	Complete if the organization answered "Ye			•
	(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	Complete if the organization answered "Ye		ne 11d. See Form 990, I	
		a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8)				
(9)				
Part X	lumn (b) must equal Form 990, Part X, col. (B) / Other Liabilities.	ine 15.)		
TUITA		all an Farm 000 Dart IV/ I	ing 11g or 11f Cap Form	000 Dart V line 25
	Complete if the organization answered "Ye (a) Description of liability	s on Form 990, Part IV, I	(b) Book value	990, Part X, Ille 25.
<u>1.</u>			(b) DOOR Value	
	ederal income taxes SSETS HELD FOR OTHERS		6,628.	
	SSEIS HELD FOR OTHERS		0,020.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			6 6 7 9	
	lumn (b) must equal Form 990, Part X, col. (B) I	,	6,628.	
	ty for uncertain tax positions. In Part XIII, provi			
organ	ization's liability for uncertain tax positions unc	<u>aer fiin 48 (ASC 740). Che</u>	eck nere if the text of the	TOOTHOTE HAS DEEN PROVIDED IN Part XIII

832053 10-29-18

Schedule D (Form 990) 2018

	dule D (Form 990) 2018 CENTER FOR PEOPLE WITH D)732497 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,977,013.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	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.)			
е	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1			2,977,013.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
			4c	0.
С	Add lines 4a and 4b		·····	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			2,977,013.
_5				2,977,013.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ements With Expens		2,977,013.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ements With Expens	5 es per Returr	2,977,013.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With Expens	5 es per Returr	2,977,013.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With Expens	5 es per Returr	2,977,013.
5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With Expens	5 es per Returr	2,977,013.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2a 2b 2b	5 es per Returr	2,977,013.
5 Par 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2a 2b 2c	5 es per Returr	2,977,013.
5 Par 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d 2d	s per Return	2,977,013. 2,815,567. 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2c 2d	5 es per Return 1 2e	2,977,013. 2,815,567.
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d	5 es per Return 1 2e	2,977,013. 2,815,567. 0.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 1	2a 2b 2c 2d	5 es per Return 1 2e	2,977,013. 2,815,567. 0.
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other statements Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 12a. 2b 2b 2c 2d	5 es per Return 1 2e	2,977,013. 2,815,567. 0.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 12a. 2b 2b 2c 2d 2d	5 es per Return 1 2e 3	2,977,013. 2,815,567. 0.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2b 2c 2d 2d 2d	5 es per Return 1 2e 3 4c	2,977,013. 2,815,567. 0.

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

PART X, LINE 2:

THE CENTER IS A QUALIFIED NOT-FOR-PROFIT CORPORATION UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE, AND THE COLORADO INCOME TAX ACT OF
1964 (AS AMENDED). ACCORDINGLY, NO PROVISION OR LIABILITY FOR INCOME
TAXES HAS BEEN PROVIDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.
MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS AT SEPTEMBER 30,
2019 AND 2018 THAT MORE-LIKELY-THAN-NOT WOULD CAUSE THE CENTER TO INCUR
TAXES, PENALTIES OR INTEREST. THE CENTER IS NO LONGER SUBJECT TO U.S.
FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX
AUTHORITIES FOR FISCAL YEARS BEFORE 2015.

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832054 10-29-18

Part XIII Supplei	mental Information	n (continued)			
832055 10-29-18				Schedule E) (Form 990) 2018

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CENTER FOR PEOPLE WITH DISABILITIES

84-0732497 Page 5

Schedule D (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



CENTER FOR PEOPLE WITH DISABILITIES

Employer identification number 84 - 0732497

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

INDEPENDENT LIVING PROGRAM (ILP): PROVIDES RESOURCES, INFORMATION AND

SERVICES TO SUPPORT PEOPLE WITH DISABILITIES IN ACHIEVING INDEPENDENCE.

INCLUDED IN THESE SERVICES ARE ADVOCACY, LIFE SKILLS TRAINING, DAY

PROGRAMS, INFORMATION AND REFERRAL, TRANSITION BACK INTO THE COMMUNITY

FROM NURSING CARE, PEER SUPPORT GROUPS AND SPECIALIZED SERVICES FOR

PEOPLE WITH VISUAL IMPAIRMENT, BLINDNESS AND HEARING LOSS.

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

THE PERSONAL ASSISTANT PROGRAM PROVIDES SKILLED NURSING AND OTHER

ATTENDANT CARE TO PEOPLE WITH DISABILITIES SO THAT THEY CAN

SUCCESSFULLY LIVE INDEPENDENTLY IN THEIR OWN HOMES AND AVOID PREMATURE

TRANSITION TO NURSING FACILITY.

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

THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS .

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

THE BOARD OF DIRECTORS DISCLOSE ANNUALLY ANY CONFLICTS OF INTEREST.

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

THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S EXECUTIVE

DIRECTOR, OFFICERS AND KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

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Schedule O (Form 990 or 99	90-EZ) (2018)					Page 2
Name of the organization						Employer identification number
	CENTER	FOR	PEOPLE	WITH	DISABILITIES	84-0732497

INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION

OF THE DELIBERATION AND DECISION. THE LAST COMPENSATION REVIEW FOR THE

EXECUTIVE DIRECTOR OCCURRED IN OCTOBER 2019.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON

REQUEST.

FORM 990 PART XII LINE 2C

THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL

STATEMENTS HAS NOT CHANGED FROM PAST YEARS.