Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service 10/01 , 2020, and ending 09/30,20 21 A For the 2020 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable CENTER FOR PEOPLE WITH DISABILITIES 84-0732497 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 1675 RANGE STREET (303) 442-8662Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended BOULDER, CO 80301 G Gross receipts \$ 3,654,512. Application pending H(a) Is this a group return for F Name and address of principal officer: MARIA STEPANYAN Yes Χ Nο subordinates' SAME AS C ABOVE H(b) Are all subordinates included? Yes No X | 501(c)(3) If "No," attach a list. See instructions Tax-exempt status: 501(c) (4947(a)(1) or Website: ► WWW.CPWD-ILC.ORG H(c) Group exemption number CO Form of organization: X Corporation L Year of formation: 1977 M State of legal domicile: Association Other > Summary Part I 1 Briefly describe the organization's mission or most significant activities: CPWD PROVIDES RESOURCES, INFORMATION AND ADVOCACY TO OVERCOME BARRIERS TO INDEPENDENT LIVING. Governance 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) 10. Activities & 10. Number of independent voting members of the governing body (Part VI, line 1b) 77. 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 14. Total number of volunteers (estimate if necessary) 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year** Current Year **PUBLIC** 1,696,922. 2,183,337. Contributions and grants (Part VIII, line 1h) **DISCLOSURE** 1,435,795. 1,464,957. Program service revenue (Part VIII, line 2g) **COPY** 2,059. 2,811. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 0 3,407. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,134,776. 3,654,512. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 25,879. 18,721. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,213,024. 2,458,415. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 670,475. 788,732. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,909,378. 3,265,868. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 225,398. 388,644. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year** End of Year 3,011,147. 2,939,597. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 1,427,514. 1,110,420. 21 1,512,083. 1,900,727. 22 Net assets or fund balances. Subtract line 21 from line 20, Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 02/15/2022 Sign Signature of officer Date Here MARIA STEPANYAN EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid MARY JANE PIERONI, CPA DIREC 02/15/2022 self-employed P00538772 Preparer Firm's name BDO USA, LLP Firm's EIN ▶ 13-5381590 **Use Only** Firm's address ▶4999 PEARL E CIRCLE STE 300 BOULDER, CO 80301 303-440-0399

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

No

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

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Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
		describe the organization's mission: MISSION OF THE CENTER FOR PEOPLE WITH DISABILITIES IS TO PROVIDE	
		URCES, INFORMATION AND ADVOCACY TO ASSIST PEOPLE WITH	
		BILITIES IN OVERCOMING BARRIERS TO INDEPENDENT LIVING.	
		STEETIES IN OVERCOMENCE STRUCTURE TO INDUITED HIVERO.	
2		e organization undertake any significant program services during the year which were not listed on	
	If "Yes."	Form 990 or 990-EZ? ," describe these new services on Schedule O.	Yes X No
		ne organization cease conducting, or make significant changes in how it conducts, any prog	ram
		es?	Yes X No
4		ibe the organization's program service accomplishments for each of its three largest program services. Section 501(a)(3) and 501(a)(4) argumentations are required to report the amount of grants as	
		ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants at expenses, and revenue, if any, for each program service reported.	nd allocations to others
	(Code:) (Expenses \$ 1,661,342. including grants of \$ 0.) (Revenue \$ PENDENT LIVING SERVICES: INCLUDES SERVICES AND PROGRAMS THAT	722,926)
		ST ALL PEOPLE WITH DISABILITIES IN ACHIEVING AND MAINTAINING	
		PENDENCE INCLUDING: INDEPENDENT LIVING SKILLS TRAINING, PEER	
		DRT, INDIVIDUAL AND SYSTEMS ADVOCACY, YOUTH AND NURSING HOME	
		SITIONS, INFORMATION AND REFERRAL, AS WELL AS SPECIALTY	
		RAMS FOR PEOPLE WITH VISUAL IMPAIRMENT, VETERANS WITH BILITIES, AND PEOPLE SEEKING EMPLOYMENT.	
	DISAD.	SIBILITES, AND PROPER SERVING EMPLOTMENT.	
	(Code:	:)(Expenses \$1,207,490. including grants of \$0)(Revenue \$ DNAL ASSISTANCE SERVICES (ALSO KNOWN AS HOME HEALTH SERVICES):	742,031.
		IDES SKILLED AND UNSKILLED NURSING CARE, PERSONAL CARE, AND	
		MAKING FOR PEOPLE WITH DISABILITIES SO THEY CAN REMAIN	
		PENDENT IN THEIR OWN HOME VS PREMATURE TRANSITION TO NURSING	
	CARE.		
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
<u></u>	Othern	program services (Describe on Schedule O.)	
→u	(Expens		
40	` .	program contine expenses > 2 868 832	

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			No
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	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		X
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			3.7
	complete Schedule D, Part III	8		X
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		Х	
1	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Λ	
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		Х
	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		21
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		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	Х	
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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
		15		21
3	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
,	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
В	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
•	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	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		Х
) a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		1 24		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	I	

Part	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
2/2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		0.4-		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		0.0		Х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Λ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20		29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		21
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.5
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		27		Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		- 1
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	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11			
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	
		<u> </u>		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 77 Statements, filed for the calendar year ending with or within the year covered by this return. X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)...... Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Χ 5a **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g 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?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ excess parachute payment(s) during the year?.............. 15 If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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

Sect	ion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10					
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10					
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		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
6	Did the organization have members or stockholders?	6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?	7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
а	The governing body?	8a	X			
b	Each committee with authority to act on behalf of the governing body?	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	_			
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13	X			
14	Did the organization have a written document retention and destruction policy?	14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	X			
b	Other officers or key employees of the organization	15b	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37		
	with a taxable entity during the year?	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401				
	organization's exempt status with respect to such arrangements?	16b				
	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (\$						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)					
4.0				. 0		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	ıntei	est p	olicy,		
	and financial statements available to the public during the tax year.	l. b				
20	State the name, address, and telephone number of the person who possesses the organization's books and record MARGARET CATTERALL 1675 RANGE STREET BOULDER, CO 80301	IS ▶				

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	ition more	e than of is both or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARIA STEPANYAN	40.00									
EXECUTIVE DIRECTOR	0.			Х				93,650.	0.	8,421.
(2) DEBORAH CONLEY	2.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(3) JASON KONZAK	2.00									
VICE PRESIDENT (THRU 3/31/21)	0.	Х		Х				0.	0.	0.
(4) RUTH ARNOLD	3.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(5) GEOFFREY DOCTOROFF	2.00									
TREASURER	0.	Х		Х				0.	0.	0.
(6) MICHAEL STONE	1.00									
MEMBER	0.	Х						0.	0.	0.
(7) SAMANTHA SUMMERS	1.00									
MEMBER	0.	Х						0.	0.	0.
(8) DALE GAAR	2.00									
MEMBER	0.	Х						0.	0.	0.
(9) KRISTEN ERBY	1.00									
MEMBER (AS OF 9/26/2020)	0.	Х						0.	0.	0.
(10) JULIE AIRD	1.00									
VICE PRESIDENT (AS OF 4/1/21)	0.	Х		Х				0.	0.	0.
(11) GISELA HERNANDEZ	1.00									
MEMBER (AS OF 4/9/2021)	0.	Х						0.	0.	0.
(12)										
(13)										
(14)										
	1									<u> </u>

Form **990** (2020)

Form 990 (2020)

	330 (2020)													age C
Par	t VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employ	ees (c	ontinue	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an	an from related			am	(F) timated tount o other pensati	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I		fro orga and	om the anization d relate	on d
1h	Sub-total								93,650.		0.		8,	421.
	Fotal from continuation sheets to Part VII, S			• •	• •	• •			0.		0.			0.
	Fotal (add lines 1b and 1c)	-		• •					93,650.		0.		8,	421.
2	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste		bove	e) who	o re	·	\$100,000 o	f			
													Yes	No
	Did the organization list any former office employee on line 1a? If "Yes," complete Schede											3		Х
	For any individual listed on line 1a, is the sorganization and related organizations gre													
	individual											4		X
1	Did any person listed on line 1a receive or or services rendered to the organization? If "Yes											5		Х
	tion B. Independent Contractors									.,				
	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
	(A) (B) Name and business address Description of services Con						(C) ompens	ation						
								-						
										-				
								+		+				
								+						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to ar	ny line in this Part V	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Ē,G	С	Fundraising events 1c					
ifts Ir A	d	Related organizations 1d					
ia,G	е	Government grants (contributions) 1e	2,102,103.				
Sin	f	All other contributions, gifts, grants,					
utic er (and similar amounts not included above . 1f	81,234.				
j H	g	Noncash contributions included in					
d C		lines 1a-1f 1g	6				
a C	h	Total. Add lines 1a-1f		2,183,337.			
			Business Code				
ဗ	2a	PROGRAM FEES	900099	1,455,928.	1,455,928.		
e Zi	b						
Program Service Revenue	c						
am eve	d						
ogr R	۵						
Pr	f	All other program service revenue		9,029.	9,029.		
	g	Total. Add lines 2a-2f	.	1,464,957.			
	3	Investment income (including dividends,					
		other similar amounts)	_	2,811.			2,811.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
Ð	b	Less: cost or other basis					
nu	_	and sales expenses 7b					
Revenue	С	Gain or (loss) 7c					
_	d	Net gain or (loss)		0.			
Other	8a	Gross income from fundraising					
ŏ	oa	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses 8b	0.				
	C	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming					
	Ja	activities. See Part IV, line 19	0.				
	b	Less: direct expenses 9b	0.				
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold	0.				
	C	Net income or (loss) from sales of inventory		0.			
S			Business Code				
e son	11a	OTHER REVENUE	900099	3,407.			3,407.
ane inu	b						
eve	C						
Miscellaneous Revenue	d	All other revenue					
≥	e	Total. Add lines 11a-11d	▶	3,407.			
	12	Total revenue. See instructions		3,654,512.	1,464,957.		6,218.
JSA 0E105	1 1 000						Form 990 (2020)
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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

000	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	18,721.	18,721.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and	0							
_	foreign individuals. See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors, trustees, and key employees	107,282.		107,282.					
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and	1 050 040	1 000 007	100 060	46 000				
_	persons described in section 4958(c)(3)(B)	1,958,948.	1,802,997.	109,869.	46,082.				
	Other salaries and wages	0.							
8	Pension plan accruals and contributions (include	0.							
_	section 401(k) and 403(b) employer contributions)	222,332.	201,792.	15,382.	5,158.				
9	Other employee benefits	169,853.	148,792.	17,258.	3,803.				
10	Payroll taxes								
	Management	0.							
	Legal	0.							
	Accounting	0.							
	Lobbying	0.							
	Professional fundraising services. See Part IV, line 17.	0.							
1	Investment management fees	0.							
g	Other. (If line 11g amount exceeds 10% of line 25, column			4					
	(A) amount, list line 11g expenses on Schedule O.)	256,231.	239,711.	15,787.	733.				
12	Advertising and promotion	0.	20 105	C 001	206				
13	Office expenses	37,492.	30,195.	6,901.	396.				
14	Information technology	0.							
15	Royalties	130,078.	118,505.	10,734.	839.				
16 17	Occupancy	37,570.	32,582.	4,994.	-6.				
18	Payments of travel or entertainment expenses	, , , , ,	,	,	<u></u> -				
	for any federal, state, or local public officials	0.							
19	Conferences, conventions, and meetings	0.							
20	Interest	30,281.	24,408.	5,419.	454.				
21	Payments to affiliates	0.							
22	Depreciation, depletion, and amortization	63,378.	42,334.	20,256.	788.				
23	Insurance	42,463.	34,225.	7,601.	637.				
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.) PARTICIPANT COSTS	89,145.	88,614.	531.					
_	PERSONNEL COSTS	39,898.	34,951.	4,054.	893.				
~	SUPPLIES	37,651.	34,650.	2,524.	477.				
_	AGENCY ADMIN EXPENSES	19,461.	13,515.	5,799.	147.				
_	All other expenses	5,084.	2,840.	2,240.	4.				
	Total functional expenses. Add lines 1 through 24e	3,265,868.	2,868,832.	336,631.	60,405.				
_	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)	0.							
					Form QQ0 (2020)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	410,694.	1	395,943.
	2	Savings and temporary cash investments	585,844.	2	582,391.
	3	Pledges and grants receivable, net	117,070.	3	88,725.
	4	Accounts receivable, net	195,693.	4	331,029.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
Ŋ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	0.	9	0.
	_	Land, buildings, and equipment: cost or other			
	104	basis. Complete Part VI of Schedule D 10a 2,211,338.			
	h	Less: accumulated depreciation	1,623,038.	100	1,604,406.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	7,258.	15	8,653.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,939,597.	16	3,011,147.
_	17	Accounts payable and accrued expenses	186,407.	17	268,506.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	15,192.	19	14,179.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	131,202.	21	189,449.
s	22	Loans and other payables to any current or former officer, director,	· ·		,
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Гi	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	1,088,640.	24	632,213.
	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 Schedule D	6,073.	25	6,073.
	26	Total liabilities. Add lines 17 through 25	1,427,514.		1,110,420.
		Organizations that follow FASB ASC 958, check here ▶ X	· · · · · · · · · · · · · · · · · · ·		
Ş		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	1,230,083.	27	1,544,404.
Ä	28	Net assets with donor restrictions	282,000.	28	356,323.
· Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	1,512,083.	32	1,900,727.
Ž	33	Total liabilities and net assets/fund balances	2,939,597.	33	3,011,147.
					Form 990 (2020)

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Part	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		3,6	54,5	512.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,2	65,8	868.
3	Revenue less expenses. Subtract line 2 from line 1	3		3	88,6	544.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,5	12,0	83.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,9	00,7	727.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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," ex	plair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	lor			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	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 ove	rsiah	t of			
_	the audit, review, or compilation of its financial statements and selection of an independent accountain	_		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
Ju	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	erao	the			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au			3b		
				Form	990	(2020)

SCHEDULE A (Form

Public Charity Status and Public Support

OMB No. 1545-0047

Name

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonex ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information		2020 Open to Public Inspection
Name of the organization		Employer identification	n number
CENTER FOR PEOP	LE WITH DISABILITIES	84-0732497	

Pai	rt T	Reason for Public Cha	rity Status. (All o	organizations must o	complet	te this p	art.) See instructions	3.	
		anization is not a private four						.	
1		A church, convention of chu		,		•	,		
2		A school described in section							
3									
4		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
•		hospital's name, city, and st	=	oonjunouon mura noc	phai ao			(iii)i Ziitoi tiio	
5		An organization operated f		a college or universit	v owner	d or one	erated by a governme	ental unit described in	
Ū		section 170(b)(1)(A)(iv). (C		a conege of aniversit	y ownor	a 01 0pc	rated by a governme	intal anti-accorded in	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	Х	•	•					om the general nublic	
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust describe		•	Part II)				
9	Н	An agricultural research org	-		-		t in conjunction with a	land-grant college	
3	Ш	or university or a non-land-	=			-	-		
		university:	grant conege or ag	griculture (see iristruct	10115). LI	ilei liie	name, city, and state o	i the college of	
0		An organization that norma	Ily receives (1) mo	ore than 331/2 % of its	eunnort	from cou	ntributions mambarsh	in fees and aress	
		receipts from activities rela-	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s: and (2) no more thar	n 331/3 % of its	
		support from gross investm						businesses	
1		acquired by the organizatio An organization organized a				•	•		
2	Н	An organization organized a	•	•	-			earny out the nurnoses	
_		of one or more publicly su	-	=	-				
		Check the box in lines 12a t	· · -						
_		Type I. A supporting orga	=			_		=	
а	_	_ ,, ,,	•	•	•		• ,,	,, , , , ,	
		the supported organization				ajority of	i the directors of truste	es or the	
L		supporting organization.				with ito	aupported argonizati	an(a) by baying	
b		Type II. A supporting orgonometric control or management or managemen	•						
		-	· · · -	=	ille Salli	e persor	is that control of man	age the supported	
С		organization(s). You must ☐ Type III functionally integ			tod in co	annoctio	n with and functional	lly intograted with	
·		its supported organization						ily integrated with,	
d		Type III non-functionally		•				ted organization(s)	
ŭ		that is not functionally inte						= ::	
		requirement (see instructi	-		-		· · · · · · · · · · · · · · · · · · ·	a arr attoritivorious	
е		Check this box if the orga	•	-				I. Type III	
		functionally integrated, or					•••	, ,,,	
f	En	ter the number of supported			_	_			
g	Pro	ovide the following information	on about the suppo	orted organization(s).					
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
					Yes	No	,		
A)									
,									
B)									
C)									
ъ,									
D)									
E)									
Tota	ıl								
								i .	

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

Page 2 Schedule A (Form 990 or 990-EZ) 2020

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,243,316.	1,457,582.	1,500,614.	1,696,922.	2,183,337.	8,081,771.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	1,243,316.	1,457,582.	1,500,614.	1,696,922.	2,183,337.	8,081,771.	
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						0. 8,081,771.	
Sac	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 4	1,243,316.	1,457,582.	1,500,614.	1,696,922.	2,183,337.	8,081,771.	
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	126.	450.	1,489.	2,059.	2,811.	6,935.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1		7,390.	4,254.		3,407.	15,051.	
11	Total support. Add lines 7 through 10						8,103,757.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	7,070,390.	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>						
Sec	tion C. Computation of Public Supp							
14	Public support percentage for 2020 (lin					14	99.73%	
15	Public support percentage from 2019					15	99.94 %	
16a	331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this							
	box and stop here. The organization qu							
b	331/3% support test - 2019. If the org							
	this box and stop here. The organization qualifies as a publicly supported organization							
17a								
	10% or more, and if the organization					-	-	
	Part VI how the organization meets to			•	•	•		
h	organization							
Ö	10%-facts-and-circumstances test - 2	-						
	15 is 10% or more, and if the organization mosts						-	
	in Part VI how the organization meets			_				
18	organization							
10								
	instructions					shadula A /Farm 00		

Schedule A (Form 990 or 990-EZ) 2020 Page 3

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

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here .						▶ 🔼
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2020 (line 8,					15	%
16	Public support percentage from 2019 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Perd	entage				
17	Investment income percentage for 2020 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the organization	ganization did r	ot check the bo	ox on line 14, ar	nd line 15 is mo	ore than 331/3 %	, and line
	17 is not more than 331/3 %, check this	box and stop	here. The orga	nization qualifies	as a publicly su	upported organiza	ation . ►
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3 %, check						. \square
20	Private foundation If the organization d	lid not chack a	hov on line 1	1 10a or 10h	chack this hav	and see instru	rtions -

Schedule A (Form 990 or 990-EZ) 2020 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status

- under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ng b <i>y</i>			
	1		
us ed			
	2		
er	3a		
nd ne			
_,	3b		
3)	3с		
If	4a		
gn o <i>n</i>			
	4b		
on ed B)			
	4c		
s," IN n; on			
	5a		
dy			
	5b		
	5с		
to ed or			
	6		
or ty			
	7		
7?	8		
re ns			
	9a		
h	9b		
fit			
	9с		
on ed			
	10a		
to	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2020

				- 3
Part	Supporting Organizations (continued)		Vaa	Na
44	the the consciention accepted a rift or contribution from any of the following property.		Yes	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	11a		
h	11c below, the governing body of a supported organization?	11b		
	A family member of a person described in line 11a above?	110		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Saction	on B. Type I Supporting Organizations	110		
Jectic	The Type Toupporting Organizations		Yes	No
			163	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? <i>If</i> "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	mor type is eapperting enganizations		Yes	Nο
4	Ware a majority of the argenization's directors or trustoes during the tay year also a majority of the directors			110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	71.2.7 m. 1)po m o appor mig o i gamentamono		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 line 2, above, 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		
Section	on 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 ins	structi	ons).	
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 governmental entity (se	e instr	ructions	s).
•	Astinities Test. Amount lines On and Oh halour		Yes	No
2	Activities Test. <i>Answer lines 2a and 2b below.</i>			
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 line 2a, above, constitute activities that, but for the organization's involvement,			
Ŋ	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. <i>Answer lines 3a and 3b below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	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.	3h		

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization		. ago e
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (expla	
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
3 O	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or collection of			
gı	ross income or for management, conservation, or maintenance of property			
h	eld for production of income (see instructions)	6		
7 0	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	ggregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	iscount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	ubtract line 2 from line 1d.	3		
4 C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
S6	ee instructions).	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	ultiply line 5 by 0.035.	6		
7 R	ecoveries of prior-year distributions	7		
8 M	inimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
2 E	nter 0.85 of line 1.	2		
3 M	inimum asset amount for prior year (from Section B, line 8, column A)	3		
4 E	nter greater of line 2 or line 3.	4		
5 In	come tax imposed in prior year	5		
	istributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ited Type III supporting	g organization
	(see instructions).			

Page 7 Schedule A (Form 990 or 990-EZ) 2020

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3						
4	4 Amounts paid to acquire exempt-use assets 4						
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)						
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 organization is responsive						
	(provide details in Part VI). See instructions.	8					
9	Distributable amount for 2020 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

	<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
					ATTACHMENT 1	
SCHEDULE A, PART II	- OTHER INCOM	ſΕ				
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER INCOME		7,390.	4,254.		3,407.	15,051.
TOTALS		7,390.	4,254.		3,407.	15,051.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2020

Employer identification number

CENTER FOR PEOPLE WITH DISABILITIES 84-0732497 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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 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).

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) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization CENTER FOR PEOPLE WITH DISABILITIES

Employer identification number 84-0732497

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution			
1_		\$ _	198,997.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution			
2		\$ _	68,131.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution			
3_		\$.	695,281.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution			
4		\$ _	50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution			
5_		\$ -	69,246.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution			
6_		\$ _	417,753.	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization CENTER FOR PEOPLE WITH DISABILITIES

Employer identification number 84-0732497

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 67,466.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization CENTER FOR PEOPLE WITH DISABILITIES

Employer identification number 84-0732497

Part II	Noncash Property	(see instructions)). Use duplicate co	pies of Part II if addition	nal 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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization CENTER FOR PEOPLE WITH DISABILITIES **Employer identification number** 84-0732497 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CEI	TTER FOR PEOPLE WITH DISABILITIES	84-0732497
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(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 writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control? .	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant f	unds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
•	Preservation of open space	the form of a consequation
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year
_	easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b 2c
c d	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a	20
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	
•	tax year >	infaced by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	d expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that describes the
	organization's accounting for conservation easements.	- Olivette - Access
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	er Similar Assets.
_		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenu of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes t	hese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s	
	art, historical treasures, or other similar assets held for public exhibition, education, or res	search in furtherance of public service,
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	▶ ¢
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	associa for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	▶ ¢
b	Assets included in Form 990, Part X	> \$

Page 2 Schedule D (Form 990) 2020

Pa	rt Organizations Maintaini	ing Collections of	Art, Histo	rical Tre	asures	, or	Other	Similar Assets	(continued)	
3	Using the organization's acquisition	on, accession, and	other recor	ds, check	any of	the	follow	ring that make sig	nificant use	of its
	collection items (check all that app	ly):								
а	Public exhibition		d	Loan	or excha	nge	progra	m		
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
	XIII.									
5	During the year, did the organization	on solicit or receive	donations o	f art, histo	orical tre	easur	es, or	other similar		
	assets to be sold to raise funds rath								Yes	No
Pa	rt IV Escrow and Custodial A		'							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trus	tee, custodian or o	ther interm	ediary fo	or contri	ibutio	ons or	other assets not		
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fol	lowing tak	ole:					_
	•		•	_				Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year				-	1e				
f	Ending balance				-	1f				
2a	Did the organization include an am					r cus	stodial	account liability?	X Yes	No
b	If "Yes," explain the arrangement i							-		ζ .
	rt V Endowment Funds.			•						_
	Complete if the organiza	ation answered "Ye	es" on For	m 990, F	Part IV,	line	10.			
	·	(a) Current year	(b) Prio		(c) Two			(d) Three years back	(e) Four years	s back
10	Beginning of year balance									
1a h	Contributions									
b	Net investment earnings, gains,									
С	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance			. / ! 4		/- \\ I				
2 a	Provide the estimated percentage Board designated or quasi-endown	nent ►		e (line 1g,	column	(a)) i	neid as	:		
b	Permanent endowment	%								
С	Term endowment ▶	_%								
_	The percentages on lines 2a, 2b, a	·								
3a	Are there endowment funds not in	the possession of the	ne organiza	ition that	are neic	ano	ı admır	listered for the	Yes	- No
	organization by:									No
	(i) Unrelated organizations								3a(i)	
_	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the relate	-	-			?			3b	
4	Describe in Part XIII the intended in									
Pa	rt VI Land, Buildings, and Equal Complete if the organiz	ation answered "Y	es" on For	m 990. I	Part IV.	line	11a. S	See Form 990. P	art X. line 10) .
	Description of property	(a) Cost of	r other basis	(b) Cost of	or other bas		(c) Acc	cumulated	d) Book value	
		(inves	stment)		ther)		depr	eciation	250	000
1a	Land				350,00			70 700		$\frac{000.}{100}$
b	Buildings			Ι, ΄/	88,97	4.	5	70,788.	1,218,	тяе.
С	Leasehold improvements				70 01	4		26 144	2.5	000
d	Equipment				72,36	4.		36,144.	36,	220.
<u>e</u>	Other				/F: ::		,		1	100
Tota	 Add lines 1a through 1e. (Column 	n (d) must equal Fori	m 990, Part	X, columi	า (B), lin	e 100	c.)	▶	1,604,	406.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	l "Vos" on Form 000	Part IV line 11h See Form 990	Part Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market	
	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(I)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990). Part IV. line 11c. See Form 990. I	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	.,	, ,	Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
		scription	, 1 41117, 1110 114. 000 1 0111 000, 1	(b) Book value
(1)				. ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	I "Yes" on Form 990), Part IV, line 11e or 11f. See Form	990, Part X,
1.		tion of liability		(b) Book value
(1) Fede	ral income taxes	,		. ,
(2) ASSE	TS HELD FOR OTHERS			6,073
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 25.)		.	6,073
2 Linkility f	or upportain tay positions. In Dort VIII, provide the	tout of the feetwests to	the every justicula financial statements the	.t

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

Page 4 Schedule D (Form 990) 2020

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	3,654,512.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,654,512.
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.)		
	Add lines 4a and 4b	4c	2 (54 512
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,654,512.
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		2 065 060
1	Total expenses and losses per audited financial statements	1	3,265,868.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments		
	Other (Describe in Part XIII.)		
	Citier (Describe in Late Ain.)	20	
	Add lines 2a through 2d	2e 3	3,265,868.
3	Subtract line 2e from line 1	3	3,203,0001
4	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.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	3,265,868.
	Supplemental Information.		
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	iation.	
SEE	PAGE 5		

Schedule D (Form 990) 2020 Page **5**

Part XIII Supplemental Information (continued)

PART IV, LINE 2B:

CPWD OPERATES A VETERAN DIRECTED CARE PROGRAM. THIS PROGRAM IS A

FEE-FOR-SERVICE FUNDED BY THE VA THAT ALLOWS VETERANS TO DIRECTLY EMPLOY

CAREGIVERS. CPWD UTILIZES A THIRD-PARTY FINANCIAL SERVICES AGENCY TO

PROCESS THE PAYROLL FOR THE VETERANS' CAREGIVERS AND BILL VA. THE

LIABILITY ACCOUNT HOLDS THE PASS-THROUGH FUNDS BETWEEN THE VA AND THE

THIRD PARTY FMS.

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, 2021 AND 2020 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 2018.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2020

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificati	on number		
CENTER FOR PEOPLE WITH DISABILITIES							84-0732497		
Part I General Information on Grants and	d Assistanc	е				-			
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand	e?					X Yes No		
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiza	ation answered "Y	es" on Form 990,		
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can	be duplicated if	additional space is n	eeded.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
_(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list For Paperwork Reduction Act Notice, see the Instruction	ed in the line	1 table					hedule I (Form 990) 2020		

JSA

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PURCHASE OF MATERIAL AID FOR CLIENTS WITH VISION D	87.		18,721.	BOOK VALUE	VISION AIDS
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

THE MATERIAL AID PURCHASES ARE AVAILABLE TO CPWD CONSUMERS LIVING IN THE DRCOG REGION AND THE INDIVIDUALS HAVE TO HAVE A VISUAL IMPAIRMENT AND BE 60+ IN AGE.

SCHEDULE O (Form 990 or 990-EZ)

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.

2020
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

84-0732497

CENTER FOR PEOPLE WITH DISABILITIES

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:

A CONFLICT OF INTEREST IS DEFINED AS AN ACTUAL OR PERCEIVED INTEREST BY
AN EMPLOYEE OR BOARD MEMBER IN AN ACTION THAT RESULTS IN, OR HAS THE
APPEARANCE OF RESULTING IN, PERSONAL, ORGANIZATIONAL, OR PROFESSIONAL
GAIN. THE BOARD MEMBERS AND EMPLOYEES OF THE ORGANIZATION SHOULD NEITHER
SOLICIT NOR ACCEPT GRATUITIES, FAVORS, OR ANYTHING OF MONETARY VALUE FROM
CONTRACTORS/VENDORS. THIS IS NOT INTENDED TO PRECLUDE BONA-FIDE
ORGANIZATION FUNDRAISING ACTIVITIES. NO BOARD MEMBER OR EMPLOYEE OF THE
ORGANIZATION SHALL PARTICIPATE IN THE SELECTION, AWARD, OR ADMINISTRATION
OF A PURCHASE OR CONTRACT WITH A VENDOR WHERE, TO THEIR KNOWLEDGE, ANY OF
THE FOLLOWING HAS A FINANCIAL INTEREST IN THAT PURCHASE OR CONTRACT:

- . THE BOARD MEMBER OR EMPLOYEE
- . ANY MEMBER OF THEIR IMMEDIATE FAMILY
- . THEIR PARTNER
- . AN ORGANIZATION IN WHICH ANY OF THE ABOVE IS AN OFFICER, DIRECTOR OR EMPLOYEE
- . A PERSON OR ORGANIZATION WITH WHOM ANY OF THE ABOVE INDIVIDUALS IS NEGOTIATING OR HAS AN ARRANGEMENT CONCERNING PROSPECTIVE EMPLOYMENT

ANY POSSIBLE CONFLICT OF INTEREST SHALL BE DISCLOSED BY THE PERSON OR PERSONS CONCERNED. WHEN A CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD, THE INTERESTED PERSON(S) SHALL CALL IT TO THE ATTENTION OF THE BOARD AND SAID PERSON(S) SHALL NOT VOTE ON THE MATTER. IN ADDITION, THE PERSON(S) SHALL NOT PARTICIPATE IN THE FINAL DECISION OR RELATED DELIBERATION REGARDING THE MATTER UNDER CONSIDERATION. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT EXISTS, THE MATTER SHALL BE RESOLVED BY VOTE OF THE BOARD OF DIRECTORS, EXCLUDING THE PERSON(S) CONCERNING WHOSE SITUATION THE DOUBT HAS ARISEN. THE OFFICIAL MINUTES OF THE BOARD SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THE INTERESTED

PERSON(S) DID NOT PARTICIPATE IN THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE ON THE MATTER.

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 INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE LAST COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR OCCURRED ON SEPTEMBER 14, 2021.

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

Name of the organization Employer identification number 84-0732497 CENTER FOR PEOPLE WITH DISABILITIES

STATEMENTS HAS NOT CHANGED FROM PAST YEARS.

FORM 990, PART VII, SECTION A

JASON KONZAK STEPPED DOWN AS VICE PRESIDENT OF THE BOARD ON 3/31/21 BUT

CONTINUED SERVING AS A DIRECTOR.