Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A F</u>	or the	lpha 2021 calendar year, or tax year beginning $$ OCT $$ 1 , $$ $$ $$ $$ 2 $$ $$ 2 $$ $$ and $$	ending ${\sf S}$	EP 30, 2022		
B (Check if pplicabl	C Name of organization		D Employer identific	cation number	
	Addre	TIMBERLINE ADULT DAY SERVICES				
	Name chang	TWO DEDITING ADDITION DAY DOODS	.M	47-08857	42	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r	
	☐Final return	P.O. BOX 1357		970-668-		
	termin ated			G Gross receipts \$	232,342.	
	Ameno return	FRISCO, CO 80443		H(a) Is this a group re	eturn	
	Application	F Name and address of principal officer: VICKI HERNANDEZ		for subordinates	? Yes X No	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
		empt status: X 501(c)(3) 501(c) () \blacktriangleleft (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions	
		te: > WWW.TIMBERLINEADULTDAY.ORG		H(c) Group exemption	n number 🕨	
		organization: X Corporation Trust Association Other	L Year	of formation: 2003 N	N State of legal domicile: CO	
Pa	art I	Summary				
a)	1	Briefly describe the organization's mission or most significant activities: ${\color{red}{\rm TO}}{}{}{}{}{}{}{}{$				
Governance		DAY PROGRAMMING AND CAREGIVER RESPITE CAR	E IN C	OUR COMMUNIT	Y	
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	11	
<u>ن</u> «×	ı	Number of independent voting members of the governing body (Part VI, line 1b)			11	
es 8		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			7	
ξ		Total number of volunteers (estimate if necessary)			28	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.	
Φ				Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		146,411.	154,939.	
enn	1	Program service revenue (Part VIII, line 2g)		127,995.	66,924.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16,712.	10,479.	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,543.	-245.	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		288,575.	232,097.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		225,001.	193,377.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ă	b	Total fundraising expenses (Part IX, column (D), line 25)		61 451	CE 211	
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		61,471.	65,311.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		286,472.	258,688.	
	19	Revenue less expenses. Subtract line 18 from line 12		2,103.	-26,591.	
Net Assets or		T		ginning of Current Year	End of Year	
Sset	20	Total assets (Part X, line 16)		720,561.	608,533.	
et A	21	Total liabilities (Part X, line 26)		5,636. 714,925.	604,766.	
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		/14,945.	004,700.	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatome	ante and to the heet of my	knowledge and helief it is	
	•	it, and complete. Declaration of preparer (other than officer) is based on all information of whi		•	knowledge and belief, it is	
uuc	, correc	t, and complete. Declaration of preparer (other than officer) is based on an information of will	icii preparei	lias any knowledge.		
Cia.	_	Signature of officer		Date		
Sig Her		VICKI HERNANDEZ, EXECUTIVE DIRECTOR				
пеі	e	Type or print name and title				
		Print/Type preparer's name Preparer's signature	10	Date Check	PTIN	
Paid	I	KEVIN NEUMAIER KEVIN NEUMAIER		2/08/23 if self-employ		
	arer	Firm's name HARKER NEUMAIER ASSOCIATES LLC	ļo	Firm's EIM	47-1181121	
	Only	Firm's address P.O. BOX 628		I IIIII 9 EIIV	<u> </u>	
J36	Jilly	FRISCO, CO 80443		Phone no (Q	70) 668-5707	
May	/ the II	RS discuss this return with the preparer shown above? See instructions		Ti none no. (2	X Yes No	

Pai	Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TIMBERLINE'S MISSION IS TO ASSIST AND ENHANCE THE LIVES OF INDIVIDUALS	
	WITH COGNITIVE, EMOTIONAL OR PHYSICAL CHALLENGES, THROUGH SPECIALIZED	
	ADULT DAY SERVICES, EDUCATION, AND SOCIALIZATION WITH RESPITE CARE FOR	
	FAMILIES AND CAREGIVERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	_ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	. No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	4.)
	TIMBERLINE'S TARGET POPULATION SERVED ARE ADULTS 18 YEARS OF AGE AND	— <i>'</i>
	OLDER WITH MENTAL OR PHYSICAL DISABILITIES AND TO THOSE THAT CAN	
	BENEFIT FROM SOCIALIZATION. AVERAGE AGE PARTICIPANT IS 60 YEARS OLD. WI	E
	SERVE RESIDENTS OF SUMMIT COUNTY INCLUDING SEASONAL HOMEOWNERS AND	
	VISITORS FROM OUT OF STATE. TIMBERLINE IS A SMALL NON-PROFIT	
	ORGANIZATION THAT SERVES ABOUT 30 INDIVIDUALS A YEAR INCLUDING	
	SUPPORTIVE SERVICES FOR THEIR FAMILIES AND CAREGIVERS.TIMBERLINE IS	
	OPEN 5 DAYS PER WEEK, 50 WEEKS PER YEAR.	
	OPEN 3 DAIS FER WEER, 30 WEERS FER IEAR.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	
		— <i>'</i>
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 215,634.	

Form 990 (2021) TIMBERLINE ADULT DAY SERVICES Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110	21	
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е		11e	Х	1
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13		13		X
		14a		X
14a h	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		 ^
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
10		16		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			₩
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			₩.
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

TIMBERLINE ADULT DAY SERVICES 47-0885742 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 Х 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		х
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		х
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		х
35a		35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable _____

(gambling) winnings to prize winners?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

Form 990 (2021) TIMBERLINE ADULT DAY SERVICES

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 47-0885742 Page **5**

				Yes	No	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_				
	filed for the calendar year ending with or within the year covered by this return	2a 7				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				37	
			3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at				x	
h	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a			
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FRAR)				
5a			5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?		6a		х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required				
	to file Form 8282?		7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•				
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		8			
a Did the sponsoring organization make any taxable distributions under section 4966?						
b			9a 9b			
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a			
	,	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120			
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		13a			
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
			14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera					
	excess parachute payment(s) during the year?		15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X	
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	iny				
			17			
	If "Yes," complete Form 6069.					

Form 990 (2021) TIMBERLINE ADULT DAY SERVICES 47-0885742 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Soc	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion A. Governing Body and Management					V					
4.	Fator the number of rating members of the governing hady at the and of the tay year	ء ا	I	11		Yes	NO				
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	1a_		ᆂ							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
L	Enter the number of voting members included on line 1a, above, who are independent	46		11							
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		any other	ᆂ							
2				ı	2		х				
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			····			1				
3	of officers of the state of the				3		x				
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form		o filod?		4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's as				-4 5		X				
6					6		X				
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a			····	- 0		1				
7a	more members of the governing body?										
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			···· ∤	7a		X				
b					7b		x				
8	persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
		-	-	ı	90	Х					
_	The governing body? Each committee with authority to act on behalf of the governing body?				8a 8b	X					
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			····	OU	21					
9	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O				9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F		· Codo \		<u> </u>						
	This Section B requests information about policies not required by the internal P	everiue	: Code.)			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a	100	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such of			····	iou		 				
-	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 bo				11a	Х					
b	Describe on 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			ı	12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>			·····							
	on Schedule O how this was done	,			12c	Х					
13	Did the organization have a written whistleblower policy?			Г	13	Х					
14	Did the organization have a written document retention and destruction policy?			Г	14	Х					
15	Did the process for determining compensation of the following persons include a review and approx			···· [
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•								
а	The organization's CEO, Executive Director, or top management official			[15a	X					
	Other officers or key employees of the organization				15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a								
	taxable entity during the year?			[16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its ¡	participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anizatio	n's								
	exempt status with respect to such arrangements?				16b						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶CO										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	O-T (section 501)	c)(3)s	only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request Other (expla	in on S	chedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict	of interest policy	, and	financ	cial					
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks ar	d records 🕨								
	VICKI HERNANDEZ - 970-668-2952	по.	rgco co		7//	<u> </u>					
	THE RESERVANCE OF ALBERTAL PRODUCT OF THE PRODUCT O	u. D		~ 1	. /1 /1	•					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

7 06 - 1 46 - 1 - 1 - 1 - 1 - 1

Check this box if neither the organize		orga	niza			npen	sate					
(A)	(B)	(B) (C) Position						(D)	(E)	(F)		
Name and title	Average		not c	heck i	more	than o		Reportable	Reportable	Estimated		
	hours per	box offi	, unle: cer ar	ess person is both an and a director/trustee)			an tee)	compensation	compensation	amount of other		
	week (list any	_						from the	from related organizations	compensation		
	hours for	direct				-		organization	(W-2/1099-MISC/	from the		
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related		
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	ner			organizations		
	line)	ib	lust	Officer	Key	High	Former					
(1) VICKI HERNANDEZ	40.00	1										
EXECUTIVE DIRECTOR					Х			67,715.	0.	0.		
(2) BRAD DICKERSON	5.00	1						_	_	_		
DIRECTOR		Х						0.	0.	0.		
(3) KERI JAEGER	10.00	1						_	_	_		
PRESIDENT/DIRECTOR		Х						0.	0.	0.		
(4) ADELE MORANO	5.00	1						_	_	_		
DIRECTOR		Х						0.	0.	0.		
(5) LORIE WILLIAMS	5.00											
DIRECTOR		Х						0.	0.	0.		
(6) NANCY LOHRENZ	5.00											
SECRETARY/DIRECTOR		Х		Х				0.	0.	0.		
(7) BONNIE MOINET	10.00											
DIRECTOR/TREASURER		Х		Х				0.	0.	0.		
(8) STACY SMITH	5.00	1						_	_	_		
DIRECTOR		Х						0.	0.	0.		
(9) KAREN TOSETTI-SCOTT	5.00	1						_	_	_		
DIRECTOR		Х						0.	0.	0.		
(10) DAVID WOODLAND	5.00	1						_				
DIRECTOR/PRESIDENT		Х		Х				0.	0.	0.		
(11) SHERRI STEEVES	5.00	1						_				
DIRECTOR		Х						0.	0.	0.		
(12) LYNNE MOSBAUGH	5.00	ļ										
DIRECTOR/SECRETARY		Х		Х				0.	0.	0.		
(13) TONI NAPOLITANO	5.00	ļ										
DIRECTOR		Х						0.	0.	0.		
		1										
		<u> </u>	_									
		4										
		<u> </u>										
		4										
		<u> </u>	_									
		4										

132007 12-09-21 Form **990** (2021)

Form 990 (2021) TIMBERLIN	IE ADULI	' D	ΑY	S	ER	VI	CE	S	47-0	885	742	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	st Co	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	box, offic	not cl	Posi heck r ss per nd a di	more rson is irecto	than s both or/trus	h an stee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization (W-2/1099-MIS	on d s	com	(F) stimate nount other pensa	of ition
	related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		org and	anizat d relat anizati	ion ed
-													
1b Subtotal c Total from continuation sheets to Part VII							>	67,715.		0.			0.
d Total (add lines 1b and 1c)								67,715.		0.			0.
Total number of individuals (including but no compensation from the organization							o re	ceived more than \$100,	000 of reportable	€			0
										1		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	•		•	•	•		•	·	•		3		Х
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization		4		х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue comper	nsatio	on fr	om a	any	unre	elate	ed organization or individ	dual for services		5		Х
Section B. Independent Contractors													
Complete this table for your five highest countries the organization. Report compensation for the organization.	•	•						the organization's tax y	•	pensat			
Name and business	address	NC	ONE	3			4	(B) Description of s	ervices	С	ompe	c) nsatio	n
							+						
							+						
							1						
							+						
Total number of independent contractors (ir \$100,000 of compensation from the organization from the organization)	•	ot lin	nited	d to t	thos		ted :	above) who received mo	ore than				
											_	$\alpha \alpha \alpha$	

47-0885742

		Check if Schedule O contains a response or r	note to any line	e in this Part VIII			
		Chook if Concadic C Contains a response of t		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns1a					
iz a	b	Membership dues 1b					
Α,ς E	С	Fundraising events1c	7,135.				
iji z	d	Related organizations 1d					
ni,G			14,000.				
Sis		All other contributions, gifts, grants, and					
e ti	•		33,804.				
들			33,004.				
ig 9		Noncash contributions included in lines 1a-1f		154 020			
<u>0</u> 6	h	Total. Add lines 1a-1f		154,939.			
			usiness Code				
e			624100	52,621.	52,621.		
Ξ×	b	PRIVATE PARTY	624100	8,625.	8,625.		
Se	С	OTHER	624100	5,678.	5,678.		
E §	d			-	-		
gra	e						
Program Service Revenue		All other program service revenue					
_				66,924.			
		Total. Add lines 2a-2f		00,324.			
	3	Investment income (including dividends, interest,		10 450			10 450
		other similar amounts)		10,479.			10,479.
	4	Income from investment of tax-exempt bond prod	eeds 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	(ii) Othor				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis	- 1				
ne		and sales expenses 7b					
Jen (С	Gain or (loss) 7c					
Ş.	d	Net gain or (loss)					
her Revenue	8 a	Gross income from fundraising events (not					
₽	-	including \$ 7 ,135 . of	- 1				
		contributions reported on line 1c). See	- 1				
		• • • • • • • • • • • • • • • • • • • •	0.				
		Part IV, line 18	245.				
		Less: direct expenses	243.	245			245
		Net income or (loss) from fundraising events		-245.			-245.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	- 1				
	l-	Less: cost of goods sold 10b	-				
-	<u> </u>	Net income or (loss) from sales of inventory					
<u>s</u>	_		usiness Code				
90 E	11 a						
ane	b						
e še	С						
Miscellaneous Revenue	d	All other revenue					
_	е	Total. Add lines 11a-11d					
	12	Total revenue See instructions		232.097.	66.924.	0.	10 234.

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).

<u> </u>	on 501(c)(3) and 501(c)(4) organizations must compli- Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		σ., ρ σ. 1.000	денения одренева	5A,P 51.1000
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	67,715.	54,172.	6,772.	6,771.
6	Compensation not included above to disqualified	,	,	•	<u>, </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	83,307.	83,307.		
8	Pension plan accruals and contributions (include	,	,		_
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29,592.	26,281.	1,656.	1,655.
10	Payroll taxes	12,763.	11,619.	572.	572.
11	Fees for services (nonemployees):	== ,	==, -=	3.2.	
	Management	18,000.	4,500.	4,500.	9,000.
b	Legal				2,000
	Accounting	5,636.		5,636.	
	Lobbying	0,0001		3,0001	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g					
9	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	4,149.		4,149.	
14	Information technology	-,		= , = = = =	
15	Royalties				
16	Occupancy	1,308.	1,308.		
17	Travel	974.	974.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,143.	12,143.		
23	Insurance	13,804.	12,033.	1,771.	
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 0.)				
а	PARTICIPANT FOOD/MEALS	4,130.	4,130.		
b	PARTICIPANT SERVICES AN	3,415.	3,415.		
c	TRAINING	963.	963.		
d	MAINTENANCE	789.	789.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	258,688.	215,634.	25,056.	17,998.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (2224)

Form 990 (2021)
Part X Balance Sheet

Par	<u> t X</u>	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		138,340.	1	141,584.	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			60,185.	4	30,159.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	sons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ction 4958(c)(3)(B)		6		
Ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er	1			
		basis. Complete Part VI of Schedule D	10a	61,637.			
	b	Less: accumulated depreciation	10b	39,426.	34,354.	10c	22,211.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin	487,682.	12	414,579.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			720,561.	16	608,533.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Ē		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un		· · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li		· '	F 626		2 767
	00	of Schedule D			5,636. 5,636.		3,767. 3,767.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, or		V	3,030.	26	3,707.
S		and complete lines 27, 28, 32, and 33.	check he	e P A			
nce	27	• • • • • •			714,925.	27	604,766.
ala	28	Net assets without donor restrictions Net assets with donor restrictions			714,725	28	004,700
d B	20	Organizations that do not follow FASB ASC				20	
Fun		and complete lines 29 through 33.	C 936, CII	eck liefe			
ō	29	Capital stock or trust principal, or current fun	nde			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			714,925.	32	604,766.
Z	33	Total liabilities and net assets/fund balances			720,561.	33	608,533.
	JJ	Total habilities and het assets/fully baldiffes			,20,301.	55	Gam. 990 (2001)

Pai	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,0				
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>88.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3			$\frac{91.}{25.}$			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	60	4,7	<u>66.</u>			
Pai	t XII Financial Statements and Reporting							
	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 Cash Control X Other SEE SCH	0						
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2021)			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization TIMBERLINE ADULT DAY SERVICES 47-0885742 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	186,358.	200,288.	252,442.	274,406.	288,014.	1201508.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	186,358.	200,288.	252,442.	274,406.	288,014.	1201508.
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)						34,274. 1167234.
	Public support. Subtract line 5 from line 4.						1167234.
Section B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	186,358.	200,288.	252,442.	274,406.	288,014.	1201508.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	24 022	00 607	00 075	62 472	72 000	60 000
	and income from similar sources	34,833.	20,637.	23,375.	63,473.	-73,088.	69,230.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	E 06E	2 052	2 001	2 542	6,918.	15 500
	assets (Explain in Part VI.)	5,065.	3,052.	3,091.	-2,543.	0,910.	15,583. 1286321.
	Total support. Add lines 7 through 10		`			40	1200321.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	-		•			. □
Sec	organization, check this box and store ction C. Computation of Publi						P
	•			nolumn (f)\		14	90.74 %
	Public support percentage for 2021 (I		- · · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *		15	77.04 %
	Public support percentage from 2020 Schedule A, Part II, line 14						
102	. ▼						
h							
	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
172	and stop here. The organization qualifies as a publicly supported organization						
114	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
h	10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-	•	•		