## 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)

OMB No. 1545-0047 Open to Public

Department of the Treasu Internal Revenue Service

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

Inspection

► Go to www.irs.gov/Form990 for Instructions and the latest information. A For the 2020 calendar year, or tax year beginning OCT 1, 2020 and ending SEP 30, D Employer identification number C Name of organization Check if Address change TIMBERLINE ADULT DAY SERVICES Name change TIMBERLINE ADULT DAY PROGRAM 47-0885742 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite P.O. BOX 1357 970-668-2952 335,900. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amenda return FRISCO, CO 80443 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: VICKI HERNANDEZ for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt statue: X 501(c)(3) ) (insert no.) 4947(a)(1) or if "No," attach a list. See instructions 501(c) ( J Website: WWW.TIMBERLINEADULTDAY.ORG H(c) Group exemption number Year of formation: 2003 M State of legal domicile: CO Form of organization: X Corporation Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: TO BE A LEADER PROVIDING ADULT Governance DAY PROGRAMMING AND CAREGIVER RESPITE CARE IN OUR COMMUNITY. if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 11 4 ed 9 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 28 Total number of volunteers (estimate if necessary) 6 0. **7a** 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Õ. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) 167,760. 146,411. 127,995. 84,683. 9 Program service revenue (Part VIII, line 2g) 23,375. 16,712.10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,576. -2,543.11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 279,394. 288,575. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), Ilne 4) 0. 200,933. 225,001. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 -0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 73,912. 61,471. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 274,845. 286,472. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,103. 19 Revenue less expenses. Subtract line 18 from line 12 4,549. Beginning of Current Year **End of Year** 5 720,561. 672,151. 20 Total assets (Part X, line 16) <u>6,090.</u> 5,636. 21 Total liabilities (Part X, line 26) 666,061. 714,925. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign VICKI HERNANDEZ, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name P00448216 KEVIN NEUMAIER Paid self-employed Firm's name HARKER NEUMAIER ASSOCIATES LLC Firm's EIN **47-1181121** Preparer Firm's address P.O. BOX 628 **Use Only** Phone no. (970) 668-5707 FRISCO, CO 80443 May the IRS discuss this return with the preparer shown above? See instructions X Yes

	1 990 (2020) TIMBERLINE ADULT DAY SERVICES	47-0885742	Page 2
Pa	rt III 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:	***************************************	
•	· ·	AB THEFT	- 4
	TIMBERLINE'S MISSION IS TO ASSIST AND ENHANCE THE LIVES		<u> </u>
	WITH COGNITIVE, EMOTIONAL OR PHYSICAL CHALLENGES, THROUGH		
	ADULT DAY SERVICES, EDUCATION, AND SOCIALIZATION WITH RES	SPITE CARE FOR	R
	FAMILIES AND CAREGIVERS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_			רעדו
	prior Form 990 or 990-EZ?	Yes	X 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	maggired by evnenges	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		فد
	•	ns, trie total expenses, an	IO
	revenue, if any, for each program service reported.	100	
<b>4a</b>	(Code:) (Expenses \$ 212,193. including grants of \$) (Reve		<u>656.</u> )
	TIMBERLINE'S TARGET POPULATION SERVED ARE ADULTS 18 YEAR	S OF AGE AND	
	OLDER WITH MENTAL OR PHYSICAL DISABILITIES AND TO THOSE	THAT CAN	
	BENEFIT FROM SOCIALIZATION. AVERAGE AGE PARTICIPANT IS 6		WR
	SERVE RESIDENTS OF SUMMIT COUNTY INCLUDING SEASONAL HOME		****
	VISITORS FROM OUT OF STATE. TIMBERLINE IS A SMALL NON-PR		
	ORGANIZATION THAT SERVES ABOUT 30 INDIVIDUALS A YEAR INC	LUDING	
	SUPPORTIVE SERVICES FOR THEIR FAMILIES AND CAREGIVERS.TI	MBERLINE IS	
	OPEN 5 DAYS PER WEEK, 50 WEEKS PER YEAR.		
	VIEW 3 DITTO TEXT WELLT TO WELLD THE TEXTS		
	1.4.1444		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$	)
	MILE CONTROL OF THE C		
		2.524.023.0000000 Y2 150	
4-		· .	
40	(Code:) (Expenses \$) (Rever	1Ue \$	
		110001100010000000000000000000000000000	
		The second section of the second seco	
4d	Other program services (Describe on Schedule O.)	<del></del>	
-70			
<u> </u>			
40	Total program service expenses ► 212,193.		

Form **990** (2020)

Form 990 (2020) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	f		١
1275	similar amounts as defined in Revenue Procedure 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			l
	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,			١
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	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	11		.,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	9.000	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	2000		URBER .
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		3.5	
	Part VI	11a	X	<del> </del>
Ð	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	ا بدا		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	v	X
9	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	X	<del></del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			•
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
128	Did the organization obtain separate, independent audited financial statements for the tax year? # "Yes," complete	المدا		X
	Schedule D, Parts XI and XII	12a	_	_
Đ	Was the organization included in consolidated, independent audited financial statements for the tax year?			~
49	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Distance and the second			X
		14a		Α
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		x
15	or more? if "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
10		45	6	x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-	
16		ړړ		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4.5		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Α
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			X
20-	Complete Schedule G, Part III	19	120	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			x
00000	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	Eorm	990	
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Form 990 (2020)

TIMBERLINE ADULT DAY SERVICES 47-0885742 Page 4 Form 990 (2020) 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 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <u>24d</u> 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 X 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L, Part I 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% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 ...... X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part iV 28 instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "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 c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes, " complete Schedule M ..... X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ...... X 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes." complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.

Pai	t 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		15-22	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		N.	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 9 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 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, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 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), Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <u>7h</u> Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes." see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2020) TIMBERLINE ADULT DAY SERVICES 47-0885742 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a11		8	
	If there are material differences in voting rights among members of the governing body, or if the governing			11192
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			9
b	Enter the number of voting members included on line 1a, above, who are independent	Taxaa		
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		- 1	
	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:		(0)	
a	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		Х
Sec	tion 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		X
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.	500		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		4	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	118		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		100	4
	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	20,047		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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 990-T (Section 501(c)(3)s	only) a	availab	ele
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanc	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	VICKI HERNANDEZ - 970-668-2952			
	0083 NANCY'S PLACE, COUNTY ROAD 1014, PO BOX 1357, FRISCO, CO 80	443		
22008	12.22.20	Form	990 /	20201

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(( Pos	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than e	one	Reportable	Reportable	Estimated
	hours per week		, unie: cer an					compensation	compensation	amount of
	(list any	à				T	Ė	from the	from related organizations	other compensation
	hours for	ê				2	ĺ	organization	(W-2/1099-MISC)	from the
	related	S S	ustee			ige Marie		(W-2/1099-MISC)	<b>,</b>	organization
	organizations	를	ag d		\$	Ē.,				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compens employee	Former			organizations
(1) VIRGINIA PATTERSON	1ine) 40.00	프	噩	8	3	<b>東</b> 皇	æ			
FORMER EXECUTIVE DIRECTOR	40.00	1					x	65,971.	0.	0.
(2) VICKI HERNANDEZ	40.00			$\vdash$	Н			03,371.		0.
EXECUTIVE DIRECTOR		1			x		ŀ	16,083.	0.	0.
(3) BRAD DICKERSON	5.00				-					
DIRECTOR		X						0.	0.	0.
(4) KERI JAEGER	10.00	Г								
PRESIDENT/DIRECTOR		X		X				0.	0.	0.
(5) ADELE MORANO	5.00	Г								
DIRECTOR		X	Ш		L			0.	0.	0.
(6) LORIE WILLIAMS	5.00									,
DIRECTOR		X						0.	0.	0.
(7) NANCY LOHRENZ	5.00									·
SECRETARY/DIRECTOR		X		X				0.	0.	0.
(8) BONNIE MOINET	10.00				-					
DIRECTOR/TREASURER		X	Ш	X	_	Ш		0.	0.	0.
(9) STACY SMITH	5.00		П							
DIRECTOR	F 00	X		-				0.	0.	0.
(10) KAREN TOSETTI-SCOTT DIRECTOR	5.00	x	Ш					0.	0.	0
(11) DAVID WOODLAND	5.00	^	-					0.	0.	0.
DIRECTOR/VICE PRESIDENT	3.00	x	Ш	x				0.	0.	0.
(12) JUDE MITCHELL	5.00		Н	-	H	Н		- 0.	•	<u> </u>
DIRECTOR	3.00	X				ŀi		0.	0.	0.
(13) SHERRI STEVENS	5.00								<u> </u>	
DIRECTOR		x						0.	0.	0.
		П	П							
			Щ			Ш			*	
		$\square$	Щ							

	Section A. Officers, Directors, Trus	<u>1888, Rey Emp</u>	DIOA	<del>88</del> 8,	anc	1 11	due	n C	ompensated Employee	8 (continued)			
	(A)	(B)				C)			(D)	(E)	ĺ	(F)	
	Name and title	Average	ldo		Pos hack		l than o	one	Reportable	Reportable	i	Estimate	d
		hours per	box	, unle	as per	noer	s boti	กลก	compensation	compensation	ו	amount	of
		week (list any	-			النحورة		-c-e)	from	from related	- 1	other	47.
		hours for	Individual trustee or director			l		l	the	organizations		compensa	
		related	8	2		l	sated	l	organization (W-2/1099-MISC)	(W-2/1099-MIS	9	from the organizati	
		organizations	#S	置		<sub>B</sub>	uadir	l	(44-2/1099-141100)			and relate	
		below	賣	e de	_	흁	2 8 S	_			ĺ	organizati	
		line)		lestitutional truster	Officer	ě.	Highest compensated employee	E					
													-
						$\Box$							
						l							
							-	l					
								Г					
							1	l			- }		
					П			П		<del>-</del> -			
			l				1				- 1		
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				'									
									ļ l				
							1		}				
1b	Subtotal								82,054.		0.	·····	0.
	Total from continuation sheets to Part VII							-	0.		0.		0.
	Total (add lines 1b and 1c)								82,054.	***	0.		0.
2	Total number of individuals (including but n							o re	<del></del>	000 of reportable			
_	compensation from the organization						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
		· · · -								•		Yes	No
3	Did the organization list any former officer,	director, truste	9e. k	eve	lamı	ove	e. or	hia	hest compensated empl	ovee on	- 6		
	line 1a? If "Yes," complete Schedule J for si			•	•	•		_	•	•		3	X
4	For any individual listed on line 1a, is the su												E2113
	and related organizations greater than \$150								=	_		4	X
5	Did any person listed on line 1a receive or a										9	226	
	rendered to the organization? # "Yes." com					•			•			5	Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest cor	npensated ind	ере	nder	nt co	entra	actor	s th	nat received more than \$	100,000 of comp	ensati	on from	
	the organization. Report compensation for t		-										
	(A)							П	(B)	I		(C)	
	Name and business	address	NC	NE	2				Description of s	ervices	Co	mpensation	1
								П					
								T					
								T					
								T					
	<u> </u>									<u> </u>			
2	Total number of independent contractors (ir	cluding but no	ot lin	nited	to t	hos	e lis	ted	above) who received mo	re than		Section 31	TOBE
	\$100,000 of compensation from the organiz	ation				<u>C</u>	}			38	4370		or History

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
9 6	4	_	Federated campaigns 1a				CHARLES SHE COLD	000000000000000000000000000000000000000
	l '		Manual and the fi				E III	
j g				360.				
2 ₹		C	Fundraising events 1c	300.			VESIL TO THE	The same of the
윤	8	a	Related organizations 1d	13,250.				
Contributions, Gifts, Grants and Other Similar Amounts.		8	Government grants (contributions) 1e	13,430.				
£ 9		T	All other contributions, gifts, grants, and	122 001				
듄			similar amounts not included above 1f	132,801.				
out od (	ŀ	9	Noncash contributions included in lines 1a-1f		146 411		A 1 1 10 1	
<u>ರ ಇ</u>		h	Total. Add lines 1a-1f		146,411.			
			DDTII DE DEDMI	Business Code	66.660	66.660		
8	2		PRIVATE PARTY	624100	66,662.	66,662.		
<u> </u>			MEDICAID	624100	54,780.	54,780.		
Program Service Revenue		C	DDRC	624100	4,703.	4,703.		
Eğ		d	PHYSICAL THERAPY	624100	1,850.	1,850.		
5		0						
ā.		f	All other program service revenue					
		g	Total. Add lines 2a-2f		127,995.	for m		
	3		Investment income (including dividends, intere					
			other similar amounts)		8,476.			8,476.
	4		Income from investment of tax-exempt bond p	roceeds -				
	5		Royalties					
			(i) Real	(ii) Personal		Part of the same	1	
	6	8	Gross rents 6a				Mary Control	
		b	Less: rental expenses 6b				11/11/11/11	
		¢	Rental income or (loss) 6c				20 (	
		d	Net rental income or (loss)					
	7	a	Gross amount from sales of (1) Securities	(ii) Other	W BY BUILDING		10 0 1 1 1 m	
			assets other than inventory 7a 52,357.					
		b	Less: cost or other basis					
2			and sales expenses 76 44,121.			Ed A Land Trans		
ě		C	Gain or (loss) 7c 8,236.					
Other Revenue		d	Net gain or (loss)		8,236.			8,236.
<b>Ā</b>	8	a	Gross income from fundraising events (not					
8			including \$ 360. of					
- 1			contributions reported on line 1c). See			re and the second	I DATE OF THE REAL PROPERTY.	
İ			Part IV, line 188a	0.				
		b	Less: direct expenses 8b	3,204.			HE / USIN	Land to the land
			Net income or (loss) from fundralsing events		-3,204.	A	lue e	-3,204.
	9		Gross income from gaming activities. See			in sandiffic		Market Market
			Part IV, line 19 9a					
ŀ		b	Less: direct expenses 9b			- EVEILE VOI HE		
- 1			Net Income or (loss) from garning activities					
	10		Gross sales of inventory, less returns		Hita Indiana		the second	
- 1			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
				Business Code		resolution of the	m Santa	THE THE TAX
Miscellaneous Ravenue	11	а	MISCELLANEOUS	624100	661.	661.		
ž a	-	b						
		C						
84		d	All other revenue					
≥			Total. Add lines 11a-11d	5000	661.	4		
	12		Total revenue. See instructions		288,575.	128,656.	0.	13,508.
032009							1	Form <b>990</b> (2020)

Form 990 (2020) TIMBERLINE ADULT DAY SERVICES
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1					
_	and domestic governments. See Part IV, line 21			\$20 pm	
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
J	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,	1	· · · · · · · · · · · · · · · · · · ·		
	trustees, and key employees	82,054.	41,027.	8,205.	32,822
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	112,205.	110,567.	819.	819
8	Pension plan accruals and contributions (include	·			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,668.	7,334.	1,467.	5,867
0	Payroll taxes	16,074.	12,537.	804.	2,733
1	Fees for services (nonemployees):				
8	Management	11,088.	1,109.	1,663.	8,316
b	Legal				
C	Accounting	6,484.		6,484.	
d					<del></del>
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		1		
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	476.	476.		
2	Advertising and promotion	5,220.	2,610.	522.	2 000
3 4	Office expenses	3,220.	2,010.	544.	2,088
<del>4</del> 5	Information technology				
6	Royalties	2,122.	2,122.		
7	Occupancy	733.	733.		
, B	Payments of travel or entertainment expenses	- /334	733.		<del></del>
•	for any federal, state, or local public officials				
B	Conferences, conventions, and meetings				
0	Interest		7		<del>i-</del>
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	12,143.	12,143.	-	
3	Insurance	10,049.	8,379.	1,670.	
4	Other expenses. Itemize expenses not covered	and the second			
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)			The state of the s	
	amount, list line 24e expenses on Schedule O.)				
a	PARTICIPANT SERVICES AN	4,834.	4,834.		
þ	PARTICIPANT FOOD/MEALS	4,578.	4,578.		
C	TRAINING	1,676.	1,676.		
d	MAINTENANCE	1,242.	1,242.		
0	All other expenses	826.	826.		
5	Total functional expenses. Add lines 1 through 24e	286,472.	212,193.	21,634.	52,645
3	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 ff following SOP 98-2 (ASC 958-720)				