Form	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						rn	OMB No 1545-0687		
		For calo	ndar year 2017 or other tax year begin					1 8	ର	M17
Danad	ment of the Treasury	roi cale	► Go to www irs.gov/Form990				1/7/		<u>(4</u>	
	I Revenue Service	▶ Do	not enter SSN numbers on this form a				2 ^	a)(3)	Open to F 501(c)(3)	Public Inspection for Organizations Only
A _	Check box if address changed		· · · · · · · · · · · · · · · · · · ·		me changed and see			D Empl	oyer identifi	ication number se instructions)
B Exe	mpt under section	1	CENTER FOR DISABILIT	ries				ļ		
X	501(C)(3)3)	Print=	Number, street, and room or suite no 1	faPO	box, see instruction	s		84-1	184974	
	408(e) 220(e)	or Type								ess activity codes
	408A 530(a)	.,,,,,,	901 WEST 8TH STREET					(See if	nstructions)	
	529(a)		City or town, state or province, country	y, and a	ZIP or foreign postal	code		1		
	k value of all assets		PUEBLO, CO 81004					5311	20	
at e	end of year		up exemption number (See instructi							
	1,757,097.	G Che	ck organization type 🕨 X 501	(c) co	rporation	501(c) trust	401(a)	trust	Other trust
			rimary unrelated business activity							
I D	iring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-s	ubsidiary o	controlled group?		▶∟	Yes X No
			identifying number of the parent cor	porati	on 🕨				, <u>, ,, ,</u>	<u> </u>
			THE ORGANIZATION				e number ▶ 71		-1271	
			or Business Income		(A) Incom	ne	(B) Expe	ises		(C) Net
1a	Gross receipts or									i
b	Less returns and allows		c Balance ▶		 				-	
2	-		ule A, line 7)	2						
3			2 from line 1c	3						
4a			ttach Schedule D)	4a					1	 -
b	•		Part II, line 17) (attach Form 4797) rusts	4b 4c					 	
5			os and S corporations (attach statement)	5				,	<u> </u>	
6			· · · · · · · · · · · · · · · · · · ·	6						
7			come (Schedule E)	7	22	,119.	1	7,866		4,253.
8			nts from controlled organizations (Schedule F)	8						
9			1(c)(7), (9), or (17) organization (Schedule G)	9						
10			ncome (Schedule I)	10						
11	Advertising incon	ne (Sched	lule J)	11						
12			trons, attach schedule)	12						
13	Total. Combine li	nes 3 thr	ough 12	13		,119.		7,866		4,253.
Par			Taken Elsewhere (See instr					Except	for contri	butions,
	deduction	is must	be directly connected with t	<u>he ui</u>	related busine	ess inco	me)			
14	Compensation of	officers,	directors, and trustees (Schedule K)			- 		-ղ. <u>14</u>		
15						:CEI	N FD \cdots	. 15	 	
16							 		1	
17			• • • • • • • • • • • • • • • • • • • •		8	ic i e			+	
18			• • • • • • • • • • • • • • • • • • • •		I CAL	JG. 1.5		5 18	-	
19 20	Charitable contri		See instructions for limitation rules)					<u>19</u> 20	 	
21 .	Degreciation (att	ach Form	4562)	• • •	nic	いこり	1 1 1 T	. 20	 -	
22	Less depreciation	claimed	on Schedule A and elsewhere on re	eturn		22	X4	226		
23									-	
24			compensation plans							
25			·						7	
26			Schedule I)							
27			chedule J)							
28			chedule)							
29	Total deductions	. Add line	s 14 through 28					29		
30			le income before net operating							4,253.
31	Net operating los	s deducti	on (limited to the amount on line 30	O)				31	1	
32			e income before specific deduction					32		4,253.
33			ally \$1,000, but see line 33 instruc					: 33	<u> </u>	1,000.
34			ble income. Subtract line 33 from					X		.
= -	enter the smaller	of zero or	line 32		<u></u>	<u></u>	<u>)</u>	1) 24		3,253.
7X274	⁰ 2000 9184NN PO	ion ACT	lotice, see instructions.	77 4	7 7 10				Fo	om 990-T (2017)
	PIOHNIN PU	2T 0/4	26/2019 6:13:49 PM	νI	–					PAGE 3

Form	990-T (20	O17) CENTER FOR DI	SABILITIES		84-1184974	Page 2				
Par	t III	Tax Computation		· · · · · ·						
35	Organi	zations Taxable as Corporations. Seg	e instructions for tax computa	ation Controlled group	T T T					
		rs (sections 1561 and 1563) check here		J						
а		our share of the \$50,000, \$25,000, and \$9		ets (in that order)						
	(1) \$	(2) \$	(3) \$							
ь	Enter o	rganization's share of (1) Additional 5% tax (not	more than \$11,750)	\$						
		tional 3% tax (not more than \$100,000)			7 ,					
С	c Income tax on the amount on line 34									
36										
	the amo	ount on line 34 from Tax rate schedule or	Schedule D (Form 1041)) .	36					
37		ax. See instructions								
38	Alternat	ive minimum tax			38					
39	Tax on	Non-Compliant Facility Income. See instructions	s	· · · · · · · · · · · · · · · · · · ·	39					
40	Total. A	dd lines 37, 38 and 39 to line 35c or 36, which	ever applies		40	634.				
-		Tax and Payments								
41 a	Foreign	tax credit (corporations attach Form 1118, trus	ts attach Form 1116) 41	a]					
		redits (see instructions)]					
		business credit Attach Form 3800 (see instruct			<u> </u>					
		or prior year minimum tax (attach Form 8801 or			4 1					
		edits. Add lines 41a through 41d			41e					
42	. .	t line 41e from line 40			42	634.				
43	Other tax	xes Check if from Form 4255 Form 8611 x. Add lines 42 and 43	Form 8697 Form 8866	Other (attach schedule).	43	C 2 4				
44	Total ta	x. Add lines 42 and 43		.,	44	634.				
45 a					↓ ↓					
		stimated tax payments	J- J - H	-	-					
		osited with Form 8868			1					
		organizations Tax paid or withheld at source (so			1					
		withholding (see instructions) or small employer health insurance premiums (A			┨					
		redits and payments Form 24	20		1 1					
9		orm 4136 Other	39 Total ▶ 3 5.		1. 1					
46	_	ayments. Add lines 45a through 45g	10tal = [30	6	46	148.				
47		ed tax penalty (see instructions) Check if Form			47	5.				
48		. If line 46 is less than the total of lines 44 and				491.				
49	Overpa	ment. If line 46 is larger than the total of lines	44 and 47, enter amount overpaid		49					
50		amount of line 49 you want		Refunded >	50	-				
Par	t V	Statements Regarding Certain Ad	tivities and Other Inform	nation (see instruction	s)					
51	At any	time during the 2017 calendar year, did	the organization have an interes	est in or a signature or	other authority	res No				
	over a	financial account (bank, secunties, or oth	er) in a foreign country? If Y	ES, the organization ma	ay have to file					
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts. If YES, et	nter the name of the	foreign country					
	here 🕨					Х				
52	During t	he tax year, did the organization receive a distr	ibution from, or was it the grantor	of, or transferor to, a fore	ıgn trust?	X				
	If YES, s	ee instructions for other forms the organization i	may have to file							
53		e amount of tax-exempt interest received or acc								
٥.	l tru	der penalties of perjury, I declare that I have examined to e, correct, and complete Declaration of preparer (other than ta	his return, including accompanying schedule spayer) is based on all information of which or	es and statements, and to the t eparer has any knowledge	pest of my knowledge an	d belief it is				
Sign	; k			Ma	y the IRS discuss t	his return				
Her		ILLIAM EDWARDS		TIVE DIRECTOR with	th the preparer show	vn below				
	Si	1,000,700	Date OCTOIS Title		e instructions)? X Yes	No				
Paid		Print/Type preparer's name	Preparer's signature	Date Chec		1.400				
	arer	DOREEN B MERZ	DOREEN B MERZ		employed P0084					
	Only	Firm's name STOCKMAN KAST RYAN		TNCC CO 00003	EIN ▶84-15095					
Firm's address ▶ 102 N. CASCADE AVENUE, SUITE 400, COLORADO SPRINGS, CO 80903 Phone no 719-630-118										

Form 990-T (2017)

CENTER FOR DISABILITIES

Form 990-T (2017)								Pa	ge 3
Schedule A - Cost of G	oods Sold. 8	nter metho	d of inventory v	aluation	>				
1 Inventory at beginning of	year . 1		6	Inventory	at end of yea	ar	6		
2 Purchases	2					ld. Subtract line			
3 Cost of labor	3					iter here and in			
4a Additional section 263A c	osts		·	Part I, line	2		7		
(attach schedule) 4a			8	Do the	rules of	section 263A (w	th respect to	Yes	No
b Other costs (attach schedu		_		property	produced	or acquired for	resale) apply		
5 Total. Add lines 1 through				to the orga	anization?.	<u> </u>		\	Κ
Schedule C - Rent Incom	e (From Real	Property a	and Personal F	roperty	Leased V	Vith Real Proper	ty)		
_ (see instructions)									
1. Description of property									
(1)									<u> </u>
(2)									
(3)									
(4)									
	2. Rent rec	eived or accru	ued						
for personal property is more than 10% but not percentage of rent for			tage of rent for person	personal property (if the r personal property exceeds based on profit or income) 3(a) Deductions directly connecte in columns 2(a) and 2(b) (atta					е
(1)	·	-							—
(2)		+							—
(3)		 							—
(4)		—		-					—
Total		Total		_					_
(c) Total income. Add totals of chere and on page 1, Part I, line 6				-		(b) Total deduction Enter here and on Part I, line 6, colum	page 1,		
Schedule E - Unrelated D			ee instructions)			T are i, into 0, colori	(b) P		—
	obt i illanooa	moonie (s	2 Gross incom	a from or	3 0	Deductions directly con		ole to	—
1 Description of de	bt-financed property		allocable to debt	t-financed	(a) Steada		(b) Other deductions		—
			property	'	(a) Straight line depreciation (attach schedule)		(attach schedule)		
(1) ATTACHMENT 2									
(2)									
(3)									
(4)		· · · · · · · · · · · · · · · · · · ·							
allocable to debt-financed debt-financed property		6 Calum 4 divide by columi	d	7 Gross income reportable (column 6 x total 3(a) and 3		of columns	;		
(1)				%					_
(2)				. %					
(3)				%					_
(4)				%					
						e and on page 1, e 7, column (A).	Enter here and o Part I, line 7, co		
Tatrio					22	2,119.	17,866	5.	
Totais	tions included in		• • • • • • • • •	▶ (> /1131	2.,000	-	—

Form **990-T** (2017)

Schedule F - Interest, Anni	uities, Royalties						ations (see	nstruction	ons)	
	2 Employer identification number		Exempt Controlled Organizations							
Name of controlled organization			Net unrelated income (loss) (see instructions)		4 Total of specified payments made		ied included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										_
(4)										
Nonexempt Controlled Organi	zations				•		_			· · · · · · · · · · · · · · · · · · ·
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific		inc	Part of column uded in the co nization's gros	ntrolling		Deductions directly innected with income in column 10
(1)										
(2)										<u>-</u>
(3)										
(4)										
Totals		 tion 501	 (c)(7),	 (9), or (17	►) Orga	En(Pa	Id columns 5 a er here and on rt I, line 8, cotu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1. Description of income	2 Amount of	income		3 Deduction of the 3 december 3 d	nected			t-asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)										
(2)										
(3)										
(4)										
Totals ▶ Schedule I - Exploited Exe	Enter here and Part I, line 9, o	olumn (A)	her Th	an Adverti	sing Ir	come	(see instru	ctions)		Enter here and on page 1, Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expe direct connecte product unrelat business	tly d with ion of ited	4. Net incon from unrelat or business 2 minus col If a gain, or cols 5 thro	ed tradé (column umn 3) ompute	5 Gross morma		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)			-							
(2)										
(3)										
(4)				 	-					
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, I line 10, c	Part I,						Enter here and on page 1, Part II, line 26	
Totals	Come (see instri	ictions)		1						
Part I Income From Per			Consol	idated Ras	ie					
and another roll i cr	lodicais Report	cu on a v	2011301		113			!		
			3. Direct gain 2 mi a gain a gain		~! 2\ If		Circulation 6 Readers costs			7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										7
(3)			-					1	-	٦,
(4)										7
Totals (carry to Part II, line (5)) ▶										5 000 T (00.7)

CENTER FOR DISABILITIES

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)	·	%	
2)		%	·
3)	-	%	
4)		%	
otal. Enter here and on page 1, Part II, line 14		·	

Form **990-T** (2017)

84-1184974 ATTACHMENT 1

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED	TAX RATE
1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34). 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	3,253.
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	488.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE	683.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 92	
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	44,896.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 273	
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	186,459.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	123.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	511.
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	634.

ENTER FOR DISABILITIES		
NTER FOR DISABI	ITLE	
NTER FO	DISABI	
	NTER FO	

84-1184974

	œ	ALLOCABLE	DEDUCTIONS	6 * (3A + 3B)	17,866	17,866
	7	GROSS INCOME	REPORTABLE	(2 x 6)	22,119	22,119
		9	& 4 IS	OF 5	56 501	
	s	AVERAGE	ADJUSTED	BASIS	385, 791	
ATTACHMENT 2	4	AVERAGE	ACQUISITION	DEBT	217,974	TOTALS
			LY CONNECTED	(3B)	15,657	
		٣	DEDUCTIONS DIRECTLY CONNECTED	(3A)	15,964	
			2	GROSS INCOME	39, 148	
SCHEDULE E - UNRELATED DEBT-FINANCED INCOME			el	DESCRIPTION OF DEBT-FINANCED PROPERTY	STORAGE UNITS	

ATTACHMENT 2 PAGE 39