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MAY 4, 2022

FREEDOM HOUSE FOR PEOPLE WITH DISABILITIES, INC. 637 EAST 138 STREET BRONX, NY 10454

FREEDOM HOUSE FOR PEOPLE WITH DISABILITIES, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2020 FORM 990

2020 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

DAVID ROTTKAMP

ING INSTRUCT ETURN

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

FREEDOM HOUSE FOR PEOPLE WITH DISABILITIES, INC. 637 EAST 138 STREET **BRONX, NY 10454**

PREPARED BY:

GRASSI & CO. CPA'S, P.C. 488 MADISON AVENUE, 21ST FLOOR NEW YORK, NY 10022

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 16, 2022.

Form	88	79-	EO

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury Internal Revenue Service

For calendar year 2020, or fiscal year beginning , 2020, and ending

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

Taxpayer identification number

54-2082237

, 20

Name of exempt organization or person subject to tax FREEDOM HOUSE FOR PEOPLE WITH

DISABILITIES, INC.

Name and title of officer or person subject to tax

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column	(A), line 12)	1b
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF check here b Tax based on investment income (Form 990		
5a Form 8868 check here b Balance due (Form 8868, line 3c)		
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)		
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)		
Part II Declaration and Signature Authorization of Officer or Pers	on Subject to Tax	
Under penalties of perjury, I declare that I am an officer of the above organization or (name of organization), of the 2020 electronic return and accompanying schedules and statements, and, to the best true, correct, and complete. I further declare that the amount in Part I above is the amount schedules.	(EIN)	and that I have examined a copy they are
to receive from the IÅS (a) an acknowledgement of receipt or reason for rejection of the tran processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution software for payment of the federal taxes owed on this return, and the financial institution to a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later thar (settlement) date. I also authorize the financial institutions involved in the processing of the e confidential information necessary to answer inquiries and resolve issues related to the payr identification number (PIN) as my signature for the electronic return and, if applicable, the co PIN: check one box only	U.S. Treasury and its designa account indicated in the tax debit the entry to this account of 2 business days prior to the electronic payment of taxes to nent. I have selected a person	ated Financial preparation nt. To revoke payment o receive nal
I authorize	to en	ter my PIN
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the tax year 2020 electronically filed return. If I have indicated a state agency(ies) regulating charities as part of the IRS Fed/State program, I also PIN on the return's disclosure consent screen.	.,	5
As an officer or person subject to tax with respect to the organization, I will enter a electronically filed return. If I have indicated within this return that a copy of the re regulating charities as part of the IRS Fed/State program, I will enter my PIN on the	turn is being filed with a state	agency(ies)
Signature of officer or person subject to tax		Date > 5/3/2022
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		

number (EFIN) followed by your five-digit self-selected PIN.

Do	not	enter	all	zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 🕨

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8868**

(Rev. January 2020)

Application	for Auton	natic Ext	ension of	Time T	o File a	ar
	Exempt				T	

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print				Taxpayer		on number (TIN)
File by the due date for filing your return. See 637 EAST 138 STREET						
instructions.	City, town or post office, state, and ZIP code. For $BRONX,\ NY10454$	a foreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for	(file a separat	te application for each return)			
Applicat	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) 06 Form 8870					12	
box ► 1 I re the ►	is for a Group Return, enter the organization's four di If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until organization named above. The extension is for the of or X tax year beginning JUL 1, 2020 he tax year entered in line 1 is for less than 12 months Change in accounting period	and atta organization's , an	ch a list with the names and TINs o X 16, 2022 , to fil return for: d ending JUN 30, 2021	f all membo	ers the exten opt organiza	
	nis application is for Forms 990-BL, 990-PF, 990-T, 47 / nonrefundable credits. See instructions.	20, or 6069, e	enter the tentative tax, less	3a	\$	0.
b lftl	nis application is for Forms 990-PF, 990-T, 4720, or 6	069, enter any	refundable credits and			
est	imated tax payments made. Include any prior year ov	erpayment all	owed as a credit.	3b	\$	0.
c Ba	ance due. Subtract line 3b from line 3a. Include you	r payment witl	h this form, if required, by			-
usi	ng EFTPS (Electronic Federal Tax Payment System).	See instructio	ns.	3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdra ns.	wal (direct det	bit) with this Form 8868, see Form 8	453-EO an	d Form 887	9-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	0	00	Return of Organ	nization Exempt F		ncome 1	ax	OMB No. 1545-0047
Forr	n 9 3	90	Under section 501(c), 527, or 494	7(a)(1) of the Internal Revenue	Code (exc	ept private fou	undations)	2020
Depa	rtment o	f the Treasury	Do not enter social s	ecurity numbers on this form a	as it may b	e made public		Open to Public
Intern	al Rever	nue Service		/Form990 for instructions and				Inspection
<u>A</u> F	or the	e 2020 calend	lar year, or tax year beginning J	UL 1, 2020 and	ending J	UN 30,	2021	
B c a	heck if		f organization			D Employer	identifica	tion number
	Addres	FREE	DOM HOUSE FOR PEOP	LE WITH				
	_chang Name		BILITIES, INC.					-
	_chang	e Doing b	usiness as				08223	1
	_return Final return/	637	r and street (or P.O. box if mail is not de EAST 138 STREET	livered to street address)	Room/suite	E Telephone (929		-4511
	termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$							3,692,708.
	_return Applic	DROIN	<u>IX, NY 10454</u>			H(a) Is this a		
	_tion pendir		nd address of principal officer: PAU	L FEUERSTEIN			rdinates?	
		SAME	AS C ABOVE	4				Ided? Yes No
		empt status: [(insert no.) 4947(a)(1) c	or 527	- ''		st. See instructions
_		,	BFLNYC.ORG					number 🕨 4351
		Summary		ssociation Other ►	L Year	of formation: 2		State of legal domicile: NY
Га					וותפתהם			
e	1	Briefly descrit	be the organization's mission or most	significant activities: 5EE	SCHEDU			
Governance	~	Chaoli this he		ntinued its energtions or dispes	ad of more	then QEO/ of its		
/err		Check this bo	· •	ntinued its operations or dispos			- I I	6
gõ			ting members of the governing body dependent voting members of the go					6
								51
Activities &			of individuals employed in calendary					14
tivi			of volunteers (estimate if necessary)					0.
Ac			d business revenue from Part VIII, co					0.
	a	Net unrelated	business taxable income from Form	990-1, Part I, line 11				-
	8	Contributions	and grants (Dart)/III line 1h)			Prior Year		<u>Current Year</u> 3,675,696.
an						5,402,	0.	0.
Revenue		•	come (Part VIII, column (A), lines 3, 4	and Zd)			159.	251.
Re			e (Part VIII, column (A), lines 5, 6d, 8c				619.	16,761.
			- add lines 8 through 11 (must equal			3,484,		3,692,708.
			milar amounts paid (Part IX, column (5,101,	0.	0.
			to or for members (Part IX, column (A) II II			0.	0.
			r compensation, employee benefits (2,116,		2,531,285.
ses			undraising fees (Part IX, column (A), I			2,110,	0.	0.
Expenses			ing expenses (Part IX, column (D), lin		0.			
Ĕ			es (Part IX, column (A), lines 11a-11d			1,368,	143.	979,512.
		-	es. Add lines 13-17 (must equal Part I			3,484,		3,510,797.
			expenses. Subtract line 18 from line				1.	181,911.
or es						ginning of Curre		End of Year
t Assets or d Balances	20	Total assets (Part X, line 16)			1,355,		1,132,336.
Ass Ba	21	· ·				1,877,		1,622,193.
Net -unc			fund balances. Subtract line 21 from			-521,		-489,857.
	rt II	Signatur				,		· ·
Unde	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							
	-		. Declaration of preparer (other than office				-	o ,
				,			~	
Sigr	า	Signatur	e of officer			Date		
Her		PAUL	FEUERSTEIN, PRESI	DENT/CEO				
			print name and title					
		Print/Type pre	parer's name	Preparer's signature		Date	Check] PTIN
D . · ·						E /0 / / 2 2	11	01202460

	Print/Type preparer's name	Preparer's signature							
Paid	DAVID ROTTKAMP	DAVID ROTTKAMP	05/04/22 self-employed P01303468						
Preparer	Firm's name 🕒 GRASSI & CO. CPA	'S, P.C.	Firm's EIN ▶ 11-3266576						
Use Only	Firm's address 🖕 488 MADISON AVEN	UE, 21ST FLOOR							
	NEW YORK, NY 100	22	Phone no. 212-661-6166						
May the If	lay the IRS discuss this return with the preparer shown above? See instructions								

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

_	FREEDOM HOUSE FOR PEOPLE WITH 990 (2020) DISABILITIES, INC. 54-2082237 Page 2
	990 (2020) DISABILITIES, INC. 54-2082237 Page 2 t III Statement of Program Service Accomplishments
I a	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
'	FREEDOM HOUSE IS A FULLY ACCESSIBLE DOMESTIC VIOLENCE CRISIS SHELTER
	FOR PEOPLE WITH DISABILITIES. FREEDOM HOUSE OFFERS COMPREHENSIVE
	SUPPORT SERVICES FOR PEOPLE WITH DISABILITIES INCLUDING THE SURVIVORS
	OF DOMESTIC VIOLENCE AND THEIR CHILDREN.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$ 2,977,788. including grants of \$) (Revenue \$)
	DOMESTIC VIOLENCE CRISIS SHELTER - SEE SCHEDULE O
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,977,788.
	Form 990 (2020)

Form	FREEDOM HOUSE FOR PEOPLE WITH 990 (2020) DISABILITIES, INC. 54-2082 t IV Checklist of Required Schedules	237	Р	age 3
Fa	The 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)?	4	х	
~	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	А	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5		5		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
0	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7		0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0		8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10		x
44	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		110		x
Ь	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		
U		11b		x
с	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C		11c		x
Ь	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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			
u		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		x
h	Schedule D, Parts XI and XII	120		
D		12b	х	
13	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	13		x
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-70		<u> </u>
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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			<u> </u>
	complete Schedule G, Part III	19		x
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b		20a		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
- '	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21		x

Form	FREEDOM HOUSE FOR PEOPLE WITH DISABILITIES, INC. 54-2082	237	P	_{aqe} 4
Pa	rt IV Checklist of Required Schedules (continued)			9
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		_ <u> </u>
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% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7		103	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c		

(gambling) winnings to prize winners?

Part V Statements Regarding Other (IPS Filings and Tax Compliance comment) Yes No 2a Enter the number of employees reported on from W-3, Transmittal of Wage and Tax Statements, the other the celendary see endiced with or within the sear covered by time seturin 2a 51 2b X 3a Dot the organization have unrelated balaness gross income of 51,000 or more during the yse? 3a X 3a A any time during the calendary exercities of your may be required to a dia (see instructions). 3a X b If Yes, 'Institution thave unrelated balaness gross income of 51,000 or more during the yse? 3a X b If Yes, 'Institution to threngin country 'Event of the 3b, provide an explication are of the randoid account? 4a X b If Yes, 'Institutions to threngin country 'Event funct the ranadoid an any time during the tary with the ary with of the organization for fores the area of the acy time during the tary with the ary with a prohibit tax shall be ary time during the tary with the ary with a shall be ary time during the tary with any time during the tary	_	FREEDOM HOUSE FOR PEOPLE WITH	0 O T	_	F
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Tax East one is reported on line 2.8, did the organization file all required federal employment tax returns? So that experiments and 2.8 is greater than 250, you may be required to <i>e</i> , <i>b</i> (ase instructions) So that organization have unrelated business gross income of 91,000 or more during the yea? So that organization have unrelated business gross income of 91,000 or more during the yea? So that organization that organization have an interest in, or a signature or this machiness control or the manchal accounts (FEAR). Se instructions for this yea?) <i>IV or 1 on the 30</i> , provide an acchanization or Schedule O So that the arm of the foreign country lub. So that country lub. The sale has account, security a contribution or schedule or application tax the security or the framacel alaccounts (FEAR). Se instructions for this provide) <i>IV or 10 mol 30</i> , provide an acchanization control accounts (FEAR). So that the organization tax ender organization tax in two or is a party to a prohibited tax sheller transaction? So that the organization tax that are normally greater than \$100,000, and did the organization solicit any contributions for this requires that are normally greater than \$100,000, and did the organization solicit any contributions are proved to the goods or services provided? To are acceleration have most bax double on the solice or annotable contributions or gits wer not tax double with every solicitation an express statement that such organization selectify? Tox: " of the organization necess and \$5 made party as colineable on selectify or which it was required? Tox: " of the organization core to activation of qualified intellectual property, did the organization file and prove of the value of the wave of the organization file and prove that wave proves thand acoline domination		990 (2020) DISABILITIES, INC. 54-2082	231	P	age D
2a Enter the number of employees reported on From W3, Transmittal of Wage and Tax Statements. 2a 51 b If at least one is reported on line 2a, did the organization file all required fedral employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> , the lear instructional 3a X b If the organization have undertable business groups cincer of \$1,000 more during the vertex exist, and the group or more charge the vertex 3a X b If "res, 'nest filed a form 980-11 co the vertex' exist, and the organization have an interest in, or a signature or other autority over, a financial account in a foreign country set. 3a X b If "res,' inter the name of the foreign country set. 5a X If "res,' inter the name of the organization file and name time during that yeas? 5a X b If "res,' into a trib, during equirements for FinCKIN Form 114, Report of Foreign Bank and Financial Accounts (FBAN). 5a X b If "res,' into a trib, and indive and yeas or that the area organization factor may comparization have annual gross receipts that are normally greater than \$100,000, and did the organization solution and express statement that such contributions on egits were not tax deductible as charitable contributions or egits were not tax deductible? 7a X 0	I ai			X	
Iteration of the calendar year ending with or within the year covered by this return Image: The cale of	0-	Enter the number of employees reported on Form W.2. Transmittel of Wass and Tay Statements		Yes	NO
b If a least one is reported on line 2a, did the organization file all required for <i>a</i> , <i>fue</i> (see instructions) 2a X 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Thes, 'hast tilled a form 990-T for this year? If 'No' to <i>ine Bb, previde an explanation on Schedule O</i> 3a X b I' 'Yes, 'hast tilled a form 990-T for this year? If 'No' to <i>ine Bb, previde an explanation on Schedule O</i> 3a X b I' 'Yes, 'hast tilled a form 990-T for this year? If 'No' to <i>ine Bb, previde an explanation on Schedule O</i> 3a X b I' 'Yes, 'hast tilled a form 990-T for this year? If 'No' to <i>ine Bb, previde an explanation on Schedule O</i> 3a X b I' 'Yes, 'hast tilled a form 990-T for this year? If 'No' to <i>ine Bb, previde an explanation on Color</i> 3a X b I' 'Yes, 'inde the organization have sheler transaction at any time during the tax year? 5a X 6a D bote the organization nauke were not tax deductible as chartable contributions? 5a X 6b I' 'Yes, 'indicate the organization neuke were yooltzation neuke societs or througe societs and the value of the good societs evectory provided ? 7a X 7 Organization neuke as good the during the year? 7a <td< th=""><th>za</th><th></th><th></th><th></th><th></th></td<>	za				
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make acusts buildings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b 11 Initiation fees and capital contributions included on Part VIII, line 12. 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 11b 12a 12 Gross income from members or shareholders 11a 10b 11b 12 Section 501(c)(12) organizations. Enter: 10a 11b 12a 13 Section 501(c)(12) organizations. Enter: 10a 11b 12a 14 Yees, income from members or shareholders 11a 12a 12a 14 Yees, income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 112a 12a 12a <					
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If "Yes," see 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?	15		15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		
	16		16		х
		If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

Form	FREEDOM HOUSE FOR PEOPLE WITH 990 (2020) DISABILITIES, INC. 54-2082	237	P	age 6
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re		
	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 year 1a6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
-	Enter the number of voting members included on line 1a, above, who are independent 1b 6	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x
2	officer, director, trustee, or key employee?	2		<u> </u>
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 experimetion model and similar the new tests and summaries along the prior COO was filed.	4		X
- - 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X 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	v	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	х	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a 12b	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	120	<u>_</u>	<u> </u>
C		12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 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 $\blacktriangleright NY$			
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finano	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 books and records			
	PAUL FEUERSTEIN - (212) 677-6668			
	637 EAST 138 STREET, BRONX, NY 10454			

FREEDOM	HOUSE	FOR	PEOPLE	WITH
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54-2082237 DISABILITIES Form 990 (2020) TNC 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week			uau	recio	i/irus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper		(11 2) 1000 11100)		and related
	below	idual	Institutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Instit	Officer	Key (High empl	Former			
(1) PAUL B. FEUERSTEIN	14.00									
CHIEF EXECUTIVE OFFICER	26.00	Х						0.	191,975.	26,158.
(2) YUEQIN LI	20.00									
CHIEF FISCAL OFFICER	20.00			Х				99,597.	8,075.	29,347.
(3) CYNTHIA AMODEO	8.00									
CHIEF PROGRAM OFFICER	32.00	Х						0.	106,682.	29,348.
(4) LESHAN GAULMAN	14.00									
CHIEF OPERATING OFFICER	26.00	Х						0.	103,511.	19,177.
(5) MAYA RICARD	40.00									
PROGRAM DIRECTOR	0.00					X		102,156.	0.	7,370.
(6) SALLY MACNICHOL	2.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(7) CECILIA M. GASTON	2.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(8) CORINNA KWOK WONG	2.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(9) TRISHA CHOI	2.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(10) EMILY BELL	2.00									
MEMBER	0.00	Х						0.	0.	0.
(11) LENORE NEIER	2.00									
MEMBER	1.00	Х						0.	0.	0.
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Page 7

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Jection A. Onicers, Directors,		ploy	ees,			ghes	st C						
(A) Name and title	(B) Average hours per week	box,	not c , unle:	Pos heck i ss per id a di	ition more rson is	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from relate	on	an	(F) timate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	าร	com fr org and	pensa om th anizat d relat anizat	ation ne tion ted
		-											
		_											
		-											
		-											
 1b Subtotal								201,753.	410,2	43.	11:	1 4	00.
c Total from continuation sheets to Pa								0.		0.			0.
d Total (add lines 1b and 1c)								201,753.	410,2		11:	1,4	00.
2 Total number of individuals (including to compensation from the organization		iose	liste	o ac	ove) wn	o re	eceived more than \$100	,000 of reportabl	e			1
3 Did the organization list any former of	ficar director truct			mol	0.101	o or	hia	boot componented own		I		Yes	No
line 1a? If "Yes," complete Schedule J				•	•						3		x
4 For any individual listed on line 1a, is the and related organizations greater than	•		•					•	•		4	х	
5 Did any person listed on line 1a receive	e or accrue comper	nsatio	on fr	rom	any	unre	elate	ed organization or indivi	dual for services				37
rendered to the organization? <i>If</i> "Yes." Section B. Independent Contractors	complete Schedul	e J fo	or si	ıch r	bers	on .					5		X
1 Complete this table for your five higher										pensat	ion fro	m	
the organization. Report compensation		ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y (B)	/ear.		(C	;)	
Name and busi	ness address	NC	ONE	2			_	Description of s	services	С	omper		on
	<i>4</i> • • • •												
2 Total number of independent contractor \$100,000 of compensation from the or		ot lin	niteo	1 to 1	thos C		ted	above) who received m	ore than				

F	- 000	- 10	FREEDOM HOUSE 2020) DISABILITIES,		PLE WITH		54-2082	237 Page 9
	<u>n 990</u> rt V						54-2062	
			Check if Schedule O contains a response of	r noto to any lin	o in this Part VIII			
			Check il Schedule O contains a response o	note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
s s	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b]			
G U			Fundraising events 1c					
àifts ar A			Related organizations 1d					
s, Billo		е	Government grants (contributions) 1e 3,	673,196.				
r Si		f	All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	2,500.				
d II		g	Noncash contributions included in lines 1a-1f					
а Со		h	Total. Add lines 1a-1f	►	3,675,696.			
				Business Code				
e	2	а						
ervi		b						
- Se		С						
lran Sev		d						
Program Service Revenue		е						
₽.			All other program service revenue					
	3	g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere-		251.			251.
	4		other similar amounts) Income from investment of tax-exempt bond p					
	5		Royalties	-				
	Ŭ		(i) Real	(ii) Personal				
	6	а	Gross rents		1			
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	►				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
nue			and sales expenses 7b					
ven		с	Gain or (loss)					
Other Reve			Net gain or (loss)	🕨				
her	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18		-			
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events Gross income from gaming activities. See	₽				
	9	а	Part IV, line 19					
		h	Less: direct expenses 9b		-			
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
		-	and allowances <u>10a</u>					
		b	Less: cost of goods sold 10b					
_			Net income or (loss) from sales of inventory					
				Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS	900099	16,761.			16,761.
ane		b						
Sells		с						
Aisc			All other revenue					
~		е	Total. Add lines 11a-11d	►	16,761.	-	-	
	12				3,692,708.	0.	0.	17,012.

FREEDOM HOUSE FOR PEOPLE WITH Form 990 (2020) DISABILITIES, INC. Part IX Statement of Functional Expenses

orm	 -		

54-2082237 Page 10

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

0000	Chock if Schodulo O contains a response				
	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				·
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	142,752.	142,752.		
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	1 007 726	1 27/ 717	E22 000	
7	Other salaries and wages	1,907,726.	1,374,717.	533,009.	
8	Pension plan accruals and contributions (include	46,222.	46,222.		
9	section 401(k) and 403(b) employer contributions) Other employee benefits	242,964.	242,964.		
9 10	-	191,621.	191,621.		
11	Payroll taxes Fees for services (nonemployees):				
a	Management				
b	Legal				
	Accounting	19,000.	19,000.		
		•	•		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	165,867.	165,867.		
12	Advertising and promotion				
13	Office expenses	63,750.	63,750.		
14	Information technology				
15	Royalties	201 550	201 550		
16		381,558. 21,249.	381,558. 21,249.		
17		21,249.	41,449.		
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				
23	Insurance	85,874.	85,874.		
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	REPAIRS AND MAINTANENCE	144,253.	144,253.		
b	PROGRAM SUPPLIES	60,348.	60,348.		
с	RESIDENT/CHILDREN ACTIV	28,584.	28,584.		
d	FOOD	2,828.	2,828.		
е	· · · · · · · · · · · · · · · · · · ·	6,201.	6,201.		
25	Total functional expenses. Add lines 1 through 24e	3,510,797.	2,977,788.	533,009.	0.
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)				Earm 990 (2020)

		FREEDOM HOUSE FOR PEOPLE WITH		Г 4	2002227 - 11
	<u>990 (</u> rt X	2020) DISABILITIES, INC.		54-	2082237 Page 11
Fai	17	Check if Schedule O contains a response or note to any line in this Part X			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	25,227.	1	10,586.
	2	Cash - non-interest-bearing Savings and temporary cash investments	439,318.	2	93,529.
	3	Pledges and grants receivable, net	807,401.	3	990,458.
	4	Accounts receivable, net		4	550,1000
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	83,725.	15	37,763.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,355,671.	16	1,132,336.
	17	Accounts payable and accrued expenses	166,946.	17	111,384.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Lia	23			22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		27	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,710,493.	25	1,510,809.
	26	Total liabilities. Add lines 17 through 25	1,877,439.	26	1,622,193.
		Organizations that follow FASB ASC 958, check here 🕨 🔀			
sec		and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	-521,768.	27	-489,857.
Ba	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here 🕨 🗌			
ц		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	-521,768.	32	-489,857.
	33	Total liabilities and net assets/fund balances	1,355,671.	33	1,132,336.

Form **990** (2020)

Form 990 (2020) DISABILITIES, INC. 54-2082237 Page 1 Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI X 1 Total revenue (must equal Part IX, column (A), line 12) 1 3, 692, 708 2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 510, 797 3 Revenue less expenses. Subtract line 2 from line 1 3 181, 911 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -521, 768 5 6 6 6 6 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -150, 000 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 -489, 857 Part XII Financial Statements and Reporting X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
Check if Schedule O contains a response or note to any line in this Part XI X 1 Total revenue (must equal Part VIII, column (A), line 12) 1 3, 692, 708 2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 510, 797 3 Revenue less expenses. Subtract line 2 from line 1 3 181, 911 4 -521, 768 5 5 6 7 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -521, 768 5 5 6 7 6 7 1 1 -521, 768 7 8 Prior period adjustments 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -150, 000 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 -489, 857 9 Other changes in net assets and Reporting 10 -489, 857 9 Check if Schedule O contains a response or note to any line in this Part XII X	Form
1 Total revenue (must equal Part VIII, column (A), line 12) 1 3, 692, 708 2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 510, 797 3 Revenue less expenses. Subtract line 2 from line 1 3 181, 911 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -521, 768 5 Net unrealized gains (losses) on investments 5 6 6 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -150,000 10 -489,857 10 -489,857 Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X	Pa
2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 510, 797 3 Revenue less expenses. Subtract line 2 from line 1 3 181, 911 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -521, 768 5 5 5 6 6 7 1nvestment expenses 5 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -150,000 10 -489,857 10 -489,857 Yes Note: If Schedule O contains a response or note to any line in this Part XII X	
2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 510, 797 3 Revenue less expenses. Subtract line 2 from line 1 3 181, 911 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -521, 768 5 5 5 6 6 7 1nvestment expenses 5 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -150,000 10 -489,857 10 -489,857 Yes Note: If Schedule O contains a response or note to any line in this Part XII X	
3 Revenue less expenses. Subtract line 2 from line 1 3 181,911 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -521,768 5 5 6 7 6 7 8 6 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -150,000 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 -489,857 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X	1
 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 	2
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 -150,000 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 -489,857 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X	3
6	4
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -150,000 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 -489,857 Part XII Financial Statements and Reporting X Yes Check if Schedule O contains a response or note to any line in this Part XII X	5
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 -150,000 9 0 -150,000 10 0 -489,857 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 	6
9 Other changes in net assets or fund balances (explain on Schedule O) 9 -150,000 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 -489,857 Part XII Financial Statements and Reporting 10 -489,857 Check if Schedule O contains a response or note to any line in this Part XII X	7
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 -489,857 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes Yes	8
column (B)) 10 -489,857 Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X Yes Yes	9
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes Yes	10
Check if Schedule O contains a response or note to any line in this Part XII	
Yes No	Pa
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
	1
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X	2a
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?	b
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 X Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	с
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a
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 required audit	b
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2020)

Public Charles (Public Charletty Status and Public Support Determined on the second of the second	SCHEDULE A							OMB No. 1545-0047
	(Form 990) or 990-EZ) [2020
Description ▶ Attach to Form 990 or Earner 990 cFC Description Description Name of the organization PREEDOM HOUSE FOR PEOPLE WITH DISABULIFITES, INC. Employee (detrification number 5 4 – 2082237 Part I Reason for Public Charity Status. (All organizations must complete this part) See instructions. Employee (detrification number 5 4 – 2082237 Part I Reason for Public Charity Status. (All organizations must complete this part) See instructions. The organization for a private foundation because its (or mess 10 moore box) 1 A church, convention of Aurote source organization described in section 170(b) (1)(A)(iii). The hospital or a cooperative hospital service organization described in section 170(b) (1)(A)(iii). 2 A scholar ensearch organization or governmental und described in section 170(b) (1)(A)(iii). The hospital's name, d'y, and status. 5 An organization that normally receives a subtantial part of its support from a governmental unit described in section 170(b) (1)(A)(iv). (Complete Part II) 6 A federal, state, or local governmental unit described in section 170(b) (1)(A)(iv). (Complete Part II) 7 An organization that normally receives (1) more than 33 1/3% of its support from contributions, where the college or university. 9 An andicultural research organization described in section 170(b) (1)(A)(iv) organization from themas 31 1/3% of its support from granization from the supartical						or a section		2020
Name of the organization PREEDOM HOUSE POR PEOPLE WITH Employer identification number DISABILITIES, INC. Second S			Attach to Form 990 or F	orm 990-l	EZ.			
DISABLITIES, INC. 54-208237 The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) 					e latest ir	nformation.	F	•
Part II Reason for Public Charity Status. (All organizations must complete this part) See instructions. The organization is not a privide foundation because it is: (For lines 11 through 12, check only one box.) A school described in section 1700b(11A)(i). A A church, convention of churches, or association of churches described in section 1700b(11A)(ii). A school described in section 1700b(11A)(ii). A modical research organization observation comparized in section 1700b(11A)(iii). Enter the hospital's name, city, and state. A no organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 1700b(11A)(iv). A no organization nation and y receives a substantial part of its support form a governmental unit of from the general public described in section 1700b(11A)(iv). B A comparization nation and y receives a substantial part of its support form contributions, membership fees, and gross necelipts form and/the related to its exempt nucleons, subject to estima exceptions; and (2) no more than 33 1/3% of its support form contributions, membership fees, and gross necelipts form and/the described in section 1700b(11A)(ii) or section 509(a)(2). See section 509(a)(3). Check the box in lines the ducle in section 509(a)(2). Complete Part II) P A norganization organization described in section sections; and (2) no more than 33 1/3% of its support for monthubulans, membership fees, and gross necelipts form and/the scheepe section 509(a)(3). Check the box in lines that normally receives a clusively to the store publicly support or ganization described in section 509(a)(3). Section 509(a)(3). Check the box in lines thorganizat				ЧH				
The organization is not a private foundation because it is: (For Ilies 1 through 12, check only one box) Image: A check on common of churches, or association of churches described in section 1700(b)(I)(A)(ii). A check on the churches, or association of churches described in section 1700(b)(I)(A)(ii). A check of a section 170(b)(I)(A)(ii). A community thus described Part II.) B (iii). A community thus described in section 170(b)(I)(A)(i). B (iii). A community thus described in section 170(b)(I)(A)(i) operated in conjunction with a land-grant college or university: Image: A community thus described in section 170(b)(I)(A)(i) operated in conjunction with a land-grant college or university: Image: A community thus described in section 170(b)(I)(A)(i) operated in conjunction with a land-grant college or university: Image: A community thus described in section 170(b)(I)(A)(i) operated in conjunction with a land-grant college or university: Image: A community thus described in section 170(b)(I)(A)(i) operated in conjunction with a land-grant college or university: Image: A community thus described in section 170(b)(I)(A)(i) operated in conjunction with a land-grant co				omplete th	nis nart) S	ee instruction		4-2002237
■ A church, convention of churches, or association of churches described in section 1700b/(1)(A)(ii). ■ A neglial research organization operated in conjunction with a hospital 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). ■ 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)(v). ■ A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). ■ A norganization operated Part II.) ■ A commulty trust describe in section 170(b)(1)(A)(v). Complete Part II.) ■ A norganization that normally receives a substrail part of this support from contributions, membership fees, and gross receipts from activities related to its secupitation and university. 10 An organization that normally neceives a suble income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part II.) 11 An organization organization adperated exclusively to test for public safety. See section 509(a)(2). Check the box in lines tax able income (less section 511 tax) from businesses acquired by the organization adperated exclusively to test for public safety. See section 509(a)(2). Check the box in lines tax through tax the describes the userble of tay operorem fee intatrustones) (1) or section 509(a)(2). See section 509(
2 A school described in section TOD() (1)A(kii). 3 A hospital or a cooperative hospital service organization described in section TOD() (1)A(kii). 4 A medical research organization operated in conjunction with a hospital described in section TOD() (1)A(kiii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section TOD() (1)A(kiii). Enter the hospital's name, city, and state. 7 A hospital state, or clocal government or governmental unit described in section TOD() (1)A(kiii). Complete Part II) 8 A community trust described on section TOD() (1)A(kiii). Complete Part II) 9 An angricultural research organization described in section TOD() (1)A(kiii) operated in conjunction with a land grant college or university: 10 An organization that normally receives (1) more than 33 1/3% of fis support from contributions, membership fees, and gross receipts from achurelate busines taxable income [less section 511 tal) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.) 11 An organization organization described in section 500(a)(2). Complete Part III.) 12 An organization organization advectual exclusively for the torelit safety. See section 509(a)(4). 12 more publicly supported organization section 40 organization organization advectual exclusively for the busin in lines 12a hrhough 120 that describes he type of supporting organ				-		I)(A)(i).		
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
 city, and state: city, and state:						i).		
5 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)(v). 7 Management of a coll government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization that normally receives a substantial part of its support from continuction with a land-grant college or university or a non-land-grant college of ganiculture (see instructions). Enter the name, city, and state of the college or university: 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 cartain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxabile income (see ses section 509(a)(4). 11 An organization organization departed exclusively to test for public safety. See section 509(a)(2). 11 An organization organization operated, supportied or section 509(a)(2). See section 509(a)(2). Check the box in lines 126, 121, and 122. 12 An organization organization operated, supportied organization operated, supporting organization experimed or corplete Part IV. Sections A and B. 11 An organization organization operated exclusively to the beneft of th collocity organization (s), by oxing the s	4 A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
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FREEDOM HOUSE FOR PEOPLE WITH Schedule A (Form 990 or 990-EZ) 2020 DISABILITIES, INC.

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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.)

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3154524.	3156434.	3379905.	3482537.	3675696.	16849096.
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	3154524.	3156434.	3379905.	3482537.	3675696.	16849096.
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)						
6	Public support. Subtract line 5 from line 4.						16849096.
	tion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	3154524.	3156434.	3379905.	3482537.		16849096.
	Gross income from interest,	51515211	51501511		51023371		
0							
	dividends, payments received on						
	securities loans, rents, royalties,	731.	675.	304.	159.	251.	2,120.
-	and income from similar sources	/31.	075.	504.	159.	201.	2,120.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	204.	31.		1,619.	16,761.	
11	Total support. Add lines 7 through 10						16869831.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop					<u></u>	>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>99.88 %</u>
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	<u>99.97 %</u>
16a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te			-	-	·····	
b	10% -facts-and-circumstances test	-		• • • •	-		
~	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•		••••		
10	i mate roundation. In the organizatio	IT UIU HUL CHECK A		a, 100, 17a, 01 170	, oneon unis DUX al		<u>, F</u>

Schedule A (Form 990 or 990-EZ) 2020

FREEDOM HOUSE FOR PEOPLE WITH Schedule A (Form 990 or 990-EZ) 2020 DISABILITIES, INC.

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Part III	Support Schedu	le for O	rganizations	Described	in Sect	ion 509	(a)(2)

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

Se	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	,	•	•	L		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	C C		-	-		
50	check this box and stop here ction C. Computation of Publi						<u></u>
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Invest						
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2020. If the					· · · ·	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organization	tion	
k	33 1/3% support tests - 2019. If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
20	Finale roundation. If the organization	in alla not check a	JUX UN III 10 14, 19	a, ur i eu, check tr	IIS DUX ALLU SEE INS	แนบแบบเร่	<u></u>

FREEDOM HOUSE FOR PEOPLE WITH DISABILITIES. INC.

Schedule A (Form 990 or 990-EZ) 2020 DISABILITIES

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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1

Yes

No

10b

	FREEDOM HOUSE FOR PEOPLE WITH			
Sche	dule A (Form 990 or 990-EZ) 2020 DISABILITIES, INC. 54-20	8223	7 ра	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
Sec	uon D. An Type in Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	atruction		
2	Activities Test. Answer lines 2a and 2b below.	Struction	S). Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization every set as substantial degree of direction over the policies programs and activities of each			

b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b

Schedule A (Form 990 or 990-EZ) 2020

FREEDOM HOUSE FOR PEOPLE WITH

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Schedule A	e A (Form 990 or 990-EZ) 2020 DISABILITIES, INC.	CODV
Part V	/ Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organizations
1	Check here if the organization satisfied the Integral Part Test as a c	nualifying trust on Nov. 20, 1970 (explain i

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

FREEDOM HOUSE FOR PEOPLE WITH Schedule A (Form 990 or 990-EZ) 2020 DISABILITIES, INC.

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	s	Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

FREEDOM HOUSE FOR PEOPLE WITH Schedule A (Form 990 or 990-EZ) 2020 DISABILITIES, INC. 54-2082237 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INCOME
2016 AMOUNT: \$ 204.
2017 AMOUNT: \$ 31.
2019 AMOUNT: \$ 1,619.
2020 AMOUNT: \$ 16,761.

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



OMB No. 1545-0047

Employer identification number

Name of the organization

DISABILITIES, INC.

54-2082237

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

Γ

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

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

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

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

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

Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 2
	rganization OM HOUSE FOR PEOPLE WITH		yer identification number
	ILITIES, INC.	54	-2082237
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 NEW YORK CITY- HUMAN RESOURCES	Total contributions	Type of contribution
1	ADMINISTRATION		Person X
			Payroll
	150 GREENWISH STREET	\$ 3,562,028.	Noncash (Complete Part II for
	NEW YORK, NY 10007		noncash contributions.)
(0)	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	(C) Total contributions	Type of contribution
2	NEW YORK STATE - OFFICE OF CHILDREN		
2	AND FAMILY SERVICES		Person X Payroll
	52 WASHINGTON STREET	\$111,168.	Noncash
	RENSSELAER, NY 12144		(Complete Part II for noncash contributions.)
			,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
		\$	Payroll Noncash
		φ	(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	Noncash (Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	Noncash (Complete Part II for
			noncash contributions.)

SABI	LITIES, INC.	54	-2082237
art II	Noncash Property (see instructions). Use duplicate copies of Provide the Provi	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule E Name of or	B (Form 990, 990-EZ, or 990-PF) (2020)	INT (Page 4 Employer identification number
	OM HOUSE FOR PEOPLE WITH			
DISAB: Part III	ILITIES, INC.			54-2082237
Part III	from any one contributor. Complete columns (a)	through (e) and the following line	entry. For o	01(c)(7), (8), or (10) that total more than \$1,000 for the year organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 space is needed.	or less for t	the year. (Enter this info. once.) 🕨 Φ
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	-		-	
ŀ	Transferee's name, address, ar		К	elationship of transferor to transferee
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
			_	
-	Transferee's name, address, ar	nd ZIP + 4	К	elationship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, ar		Б	elationship of transferor to transferee
-			<u> </u>	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, ar	od 7ID + 4	P	elationship of transferor to transferee

SC	HEDULE D	inancial Statements		OMB No. 1545-0047					
	Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.								
Depart	nent of the Treasury	h to Form 990.		Open to Public					
	Revenue Service Go to www.irs.gov/Form990 for	Inspection							
Nam	lame of the organization FREEDOM HOUSE FOR PEOPLE WITH Employer DISABILITIES, INC. 5								
Par		nds or Other Similar Funds or		54-2082237					
I UI	organization answered "Yes" on Form 990, Part IV, line 6.		Rooou						
		(a) Donor advised funds	(b) Fui	nds and other accounts					
1	Total number at end of year		. ,						
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in donor advised	funds						
	are the organization's property, subject to the organization's exclusion	sive legal control?		Yes No					
6	Did the organization inform all grantees, donors, and donor advisor	rs in writing that grant funds can be us	ed only						
	for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose co	nferring						
	impermissible private benefit?								
Par			rt IV, line 7						
1	Purpose(s) of conservation easements held by the organization (ch								
	Preservation of land for public use (for example, recreation of	, <u> </u>	-	important land area					
	Protection of natural habitat	Preservation of a	certified hi	storic structure					
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of	a conserva						
	day of the tax year.			Held at the End of the Tax Year					
a									
b									
C.	Number of conservation easements on a certified historic structure								
d	Number of conservation easements included in (c) acquired after 7.								
•	listed in the National Register								
3	Number of conservation easements modified, transferred, released	i, extinguished, or terminated by the or	ganization	during the tax					
4	year ► Number of states where property subject to conservation easemen	t is located							
5	Does the organization have a written policy regarding the periodic i								
Ū	violations, and enforcement of the conservation easements it holds			Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting, handli								
•	•								
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year								
	►\$			•					
8	Does each conservation easement reported on line 2(d) above satis	sfy the requirements of section 170(h)(4)(B)(i)						
	and section 170(h)(4)(B)(ii)?			Yes 📃 No					
9	In Part XIII, describe how the organization reports conservation eas	sements in its revenue and expense sta	atement ar	าป					
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statement	s that des	cribes the					
	organization's accounting for conservation easements.								
Par	t III Organizations Maintaining Collections of Art,		er Simila	ır Assets.					
	Complete if the organization answered "Yes" on Form 990,								
1a	If the organization elected, as permitted under FASB ASC 958, not								
	of art, historical treasures, or other similar assets held for public ex		nerance of	public					
	service, provide in Part XIII the text of the footnote to its financial s								
b	If the organization elected, as permitted under FASB ASC 958, to r								
	art, historical treasures, or other similar assets held for public exhib	pition, education, or research in further	ance of pu	blic service,					
	provide the following amounts relating to these items:			•					
	(i) Revenue included on Form 990, Part VIII, line 1			\$					
-				\$					
2	If the organization received or held works of art, historical treasures		aın, provid	e					
	the following amounts required to be reported under FASB ASC 95	-		^					
a	Revenue included on Form 990, Part VIII, line 1			\$					
	Assets included in Form 990, Part X		🕨	\$ Cabadula D (Farm 000) 0000					
LHA	For Paperwork Reduction Act Notice, see the Instructions for F	orm 990.		Schedule D (Form 990) 2020					

		HOUSE FOR		PLE WI	TH						_	-
	dule D (Form 990) 2020 DISABIL	TIES, INC	•				\mathbf{N}		54-20	8223'	7 р	_{age} 2
Par	rt III Organizations Maintaining Co									(contir	nued)	
3	Using the organization's acquisition, accessio	n, and other record	ds, check	any of the	following t	hat make s	signific	cant u	use of its			
	collection items (check all that apply):											
а	Public exhibition	(d 🛄 I	Loan or exc	change pro	ogram						
b	Scholarly research	•	e 🗌	Other								
С	Preservation for future generations											
4	Provide a description of the organization's col	llections and explai	in how th	ey further th	he organiza	ation's exe	empt p	urpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or o	ther simila	r asse	ets				
	to be sold to raise funds rather than to be main									Yes		No
Par	rt IV Escrow and Custodial Arrang	jements. Comp	lete if the	organizatio	on answere	ed "Yes" or	n Forn	n 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part			-								
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for c	contribution	s or other	assets not	inclu	ded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII a									_		
	, I 5		5				Г			Amoun	t	
c	Beginning balance							1c			-	
	Additions during the year							1d				
								1e				
-	Distributions during the year							1f				
f	Ending balance									Yes		No
	Did the organization include an amount on Fo						-		∟			
Par	If "Yes," explain the arrangement in Part XIII. (rt V Endowment Funds. Complete if											
1 41							1	brook	aara baak	(-) [haali
	_ <i>,</i>	(a) Current year		rior year	(C) 1W0 y	years back	(a)	nree y	ears back	(e) Four	years	DACK
	Beginning of year balance											
	Contributions											
	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1g	ı, column (a	a)) held as:							
а	Board designated or quasi-endowment		%									
	Permanent endowment											
		6										
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.										
3a	Are there endowment funds not in the posses		ation that	t are held a	nd adminis	stered for t	he orc	aniza	ation			
	by:							, <u>-</u> c]	Yes	No
	(i) Unrelated organizations									3a(i)	100	
	(ii) Related organizations									3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizat	ions listod as roqui	rod on Sc							3b		
4	Describe in Part XIII the intended uses of the									50		
	rt VI Land, Buildings, and Equipme			unus.								
	Complete if the organization answered		0 Dart IV	lino 110 S	Soo Earm 0	00 Part V	lino	10				
				,		- Í						
	Description of property	(a) Cost or o basis (invest		• •	t or other (other)	1	Accun epreci		eu	(d) Boo	k valu	е
<u> </u>		· · · · ·	menty	Dasis			epreci	auon				
	Land											
	Buildings											
	Leasehold improvements					_						
d	Equipment											
e	Other											
Tota	I. Add lines 1a through 1e. <i>(Column (d) must ec</i>	ual Form 990. Part	X. colum	n <u> (B). line 1</u>	<u>0c.)</u>	<u></u>	<u></u> .	<u></u>				0.
	· · · · · ·				-				Schedule	D (Forn	n 990)	2020

		FREEDOM H			WITH		- 4		
	(Form 990) 2020	DISABILIT		·		$\mathbf{D}\mathbf{V}$	54-20	82237	Page 3
Part VII					Idle Care Fame 00				
(a) Descrip	Complete if the organ tion of security or catego			ok value	1	f valuation: Cost		ar market va	lue
	al derivatives								
	held equity interests								
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)			<u> </u>						
Part VIII	b) must equal Form 990, Investments - P	Part X, col. (B) line 12.)							
	Complete if the organ	-) Dort IV line	110 Soo Form 00	Dert Viline 12			
	(a) Description of ir			ok value		f valuation: Cost	or end-of-vea	ar market va	alue
(1)	()						,		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Col. (Part IX	b) must equal Form 990, Other Assets.	Part X, col. (B) line 13.)							
	Complete if the organ	nization answered "V	es" on Form 990) Part IV line	11d See Form 99	0 Part X line 15			
	Complete il the organ	Inzation answered T	(a) Description	, i aitiv, iiie	11d. See 1 0111 33	0, 1 art X, line 13.		(b) Book val	ue
(1)			()				`	,	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Part X	<u>mn (b) must equal For</u> Other Liabilities	<u>m 990. Part X. col. (B</u> .) line 15.)				🕨		
Таттх	Complete if the organ		es" on Form 990) Part IV line	110 or 11f See Ec	vrm 990 Part X li	no 25		
1.		scription of liability		, i art iv, inic		, n 330, 1 art X, 1		(b) Book val	ue
	leral income taxes	. ,							
	E TO BARRIE	R FREE LIV	ING					452,	765.
(3) DU		M HOUSE HDI						1,058,	
(4)									
(5)									
(6)									
(7)									
(8)									
(9)								1 510	000
Total. <u>(Colu</u>	<u>ımn (b) must equal Forr</u>	<u>m 990, Part X, col. (B</u>) line 25.)				🕨 👘	1,510,	009.

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

Sche	Gule D (Form 990) 2020 FREEDOM HOUSE FOR PEOPLE W.		54-2082237 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

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

PART X, LINE 2:

THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX
POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED
FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY
TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX
PERIODS IN PROGRESS. THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO
INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2018.

CHEDULE J Form 990) Partment of the Treasury ternal Revenue Service Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 2020 Open to Public Inspection		
ame of the organization FREEDOM HOUSE FOR PEOPLE WITH	Employer i	dentification	number
DISABILITIES, INC.		082237	
Part I Questions Regarding Compensation	<u> </u>	002257	
			es No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for person Travel for companions Payments for business use of personal re Tax indemnification and gross-up payments Health or social club dues or initiation fee Discretionary spending account Personal services (such as maid, chauffed)	onal use esidence es		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organizati establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation or compe	ion to		
 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 		4a	x
		X	
			X
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 	on		
a The organization?		5a	X
b Any related organization?		5b	X
If "Yes" on line 5a or 5b, describe in Part III.			
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on		
contingent on the net earnings of:			
a The organization?		<u>6a</u>	<u> </u>
b Any related organization?		<u>6b</u>	<u> </u>
If "Yes" on line 6a or 6b, describe in Part III.			
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
not described on lines 5 and 6? If "Yes," describe in Part III		7	X
Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	he		v
		8	<u> </u>
If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
Regulations section 53.4958-6(c)?			

FREEDOM HOUSE FOR PEOPLE WITH DISABILITIES, INC.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	 other deferred compensation 	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) PAUL B. FEUERSTEIN	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(ii)	191,975.	0.	0.	9,801.	16,357.	218,133.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

54-2082237

DISABILITIES, INC.

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

FOR RELATED PARTY COMPENSATION, THE EXECUTIVE BOARD AND COMPENSATION

COMMITTEE IN CONJUNCTION WITH HUMAN RESOURCES DIRECTOR REVIEWS ALL

DOCUMENTS INCLUDING THE EMPLOYMENT CONTRACTS AND A COMPENSATION STUDY TO

ENSURE THAT THE COMPENSATION OF THE CEO IS ACCURATE AND FAIR.

Schedule J (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ OMB №. 1545-0047 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Description Attach to Form 990 or 990-EZ. Open to Public Inspection Go to www.irs.gov/Form990 for the latest information. Description FREEDOM HOUSE FOR PEOPLE WITH Employer identification number

DISABILITIES, INC.

IES, INC. 54-2082237

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FREEDOM HOUSE IS A FULLY ACCESSIBLE DOMESTIC VIOLENCE CRISIS SHELTER

FOR PEOPLE WITH DISABILITIES. FREEDOM HOUSE OFFERS COMPREHENSIVE

SUPPORT SERVICES FOR PEOPLE WITH DISABILITIES INCLUDING THE SURVIVORS

OF DOMESTIC VIOLENCE AND THEIR CHILDREN.

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

FREEDOM HOUSE:

FREEDOM HOUSE (FH) RUNS THE DOMESTIC VIOLENCE EMERGENCY SHELTER PROGRAM. FH HAS 106 BEDS AND ASSISTS WOMEN, MEN, AND CHILDREN. SERVICES INCLUDE CRISIS COUNSELING, CASE MANAGEMENT, OCCUPATIONAL THERAPY AND FAMILY SERVICES. RESIDENTS OF FH CAN STAY FOR 90 DAYS WITH EXTENSIONS UP TO 180 DAYS.

IN 2021, FREEDOM HOUSE LEADERSHIP AND STAFF MET CHALLENGES BUT PULLED TOGETHER TO MAKE THE YEAR A SUCCESS. DESPITE THE PANDEMIC, STAFF TURNOVER WAS LOW AND FH SUCCESSFULLY RECRUITED NEW STAFF AND INTERNS TO JOIN THE TEAM. THE FREEDOM HOUSE CLINICAL TEAM MAINTAINED INDIVIDUAL SESSIONS AND

GROUPS USING A VARIETY OF METHODS INCLUDING IN PERSON, VIRTUAL, AND

HYBRID THE STAFF LEARNED AND ADAPTED TO NEW TECHNOLOGY TO PROVIDE HIGH

QUALITY SERVICES.

THE RESIDENT AID TEAM INCREASED TRAINING HOURS BY 5 HOURS FOR EACH

EMPLOYEE BEYOND THE REQUIRED AMOUNTS. A NEW FRONT DESK ORIENTATION PACKET WAS DEVELOPED FOR THE RA STAFF, AND THE CLINICAL ONBOARDING PROCEDURES WERE REVIEWED AND STREAMLINED.

CHILDCARE WAS ABLE TO FULLY REOPEN AND PROVIDE IN-PERSON CHILDCARE AS WELL AS OUTREACH, AND HOSTED A SUCCESSFUL THANKSGIVING EVENT ACTIVITY WITH THE CHILDREN. FREEDOM HOUSE WAS ABLE TO MAINTAIN CONTACT WITH SPONSORS AND COORDINATE HOLIDAY DONATIONS FOR BOTH CHILDREN AND ADULTS.

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

AFTER THE BOARD HAS APPROVED THE FINANCIAL STATEMENTS, THE FORM 990 IS COMPLETED BY THE PREPARER AND SUBMITTED TO MANAGEMENT. THE DOCUMENT IS REVIEWED BY MANAGEMENT AND IS THEN DISTRIBUTED TO THE AUDIT COMMITTEE OF BARRIER FREE LIVING INC, PARENT ENTITY, FOR REVIEW. AFTER APPROVAL BY THE AUDIT COMMITTEE, IT IS SENT TO THE BOARD. ANY COMMENTS OR QUESTIONS ARE PRESENTED TO MANAGEMENT WHO COMMUNICATE THE ISSUES DIRECTLY TO THE PREPARER.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CERTIFICATIONS ARE REQUIRED. ALL STAFF SIGNS AT THE TIME OF EMPLOYMENT AN AFFIDAVIT OF ANY CONFLICT OF INTEREST. THE POLICY STATES THAT IF THERE ARE ANY CHANGES, A NOTIFICATION IS SENT TO THE CORPORATE COMPLIANCE OFFICER. ALL STAFF ACKNOWLEDGES THAT THEY UNDERSTAND AND ADHERE TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES AND PROCEDURES. TRUSTEES AND KEY EMPLOYEES HAVE SIGNED THE CONFLICT OF INTEREST DISABILITIES, INC. 54-2082237 FREEDOM HOUSE FOR PEOPLE WITH CERTIFICATION AND ARE REQUIRED TO DO SO ANNUALLY. IF A CONFLICT IS DEEMED TO EXIST, THE INDIVIDUAL IN CONFLICT IS NOT ALLOWED TO BE INVOLVED IN THE DECISION MAKING 002212 11-200 Schedule O (Form 990 or 990-EZ) 2020 FREEDOM HOUSE FOR PEOPLE Name of the organization DISABILITIES,

Page 2 Employer identification number 54-2082237

PROCESS FOR THE TRANSACTION FOR WHICH THE INDIVIDUAL IS IN CONFLICT.

INC

WITH

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

COMPENSATION CHANGES FOR THE CEO IS REVIEWED AND APPROVED BY THE BOARD.

COMPENSATION CHANGES FOR THE CPO, CFO, COO IS REIVEWED AND APPROVED BY CEO.

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

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE AT THE

ORGANIZATION'S ADMINISTRATION OFFICE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RESERVE TRANSFER TO FREEDOM HOUSE HOUSING DEVELOPMENT FUND

COMPANY, INC

-150,000.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE OF BARRIER FREE LIVING HOLDING, INC. MEETS WITH THE

AUDITORS TO REVIEW THE DRAFT OF THE AUDITED CONSOLIDADTED FINANCIAL

STATEMENT ANNUALLY. THERE IS NO CHANGE IN THIS PROCESS FROM THE PRIOR

YEAR.

	Related Organizations			6, or 37.		OMB No. 15 202 Open to	20
Department of the Treasury Internal Revenue Service Name of the organization FREEDOM HOUSE	► Go to www.irs.gov/Form990 for FOR PEOPLE WITH	or instructions and the lates	st information.		Employer	dentification	ction
······································	INC.					082237	number
Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	or (d) Total inco	(e) me End-of-year		(f) Direct controlli entity	ng
	-						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, b	because it had one	or more related t	ax-exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct contro entity	olling _{co}	(g) on 512(b)(13) ontrolled entity?
FREEDOM HOUSE HOUSING DEVELOPMENT FUND COMPANY, INC 54-2082224, 637 EAST 138TH STREET, BRONX, NY 10454	MAINTAINS THE EMERGENCY SHELTER	NEW YORK	501(C)(3)	LINE 11	BARRIER FREE LIVING HOLDI INC.		
BARRIER FREE LIVING, INC 13-3059155 637 EAST 138TH STREET BRONX, NY 10454	CASE MANAGEMENT, COUNSELING SERVICES AND TRANSITIONAL HOUSING	NEW YORK	501(C)(3)	LINE 7	BARRIER FREE LIVING HOLDI INC.	NG, X	
BARRIER FREE LIVING HOLDING, INC 54-2082229, 637 EAST 138TH STREET, BRONX, NY 10454	PARENT ENTITY	NEW YORK	501(C)(3)	LINE 7	N/A		x
NEW YORK CENTER FOR THE DISABLED HOUSING DEVELOPMENT FUND CORP - 13-3422705, 637 EAST 138TH STREET, BRONX, NY 10454	MAINTAINS THE TRANSITIONAL RESIDENCE	NEW YORK	501(C)(3)	LINE 7	BARRIER FREE LIVING HOLDI INC.	NG, X	

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

Schedule R (Form 990) 2020

Schedule R (Form 990)

DISABILITIES, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	organi	rolled zation?
				501(c)(3))		Yes	No
BARRIER FREE LIVING HDFC - 45-2209522					BARRIER FREE		
637 EAST 138TH STREET	MAINTAINS THE PERMANENT				LIVING HOLDING,		
BRONX, NY 10454	HOUSING	NEW YORK	501(C)(3)	LINE 7	INC.	X	
						_	
			1				
	——]						
	——						
							1

Schedule R (Form 990) 2020 DISABILITIES, INC.

54-2082237 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		-									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	^{il or} Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
										+	
											+

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
								ļ'	<u> </u>
								<u> </u>	<u> </u>

Schedule R (Form 990) 2020 DISABILITIES, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
<u>(</u> 4)			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2020 DISABILITIES, INC.

54-2082237 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501(r org Yes	rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tion alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2020

FREEDOM HOUSE FOR PEOPLE WITH DISABILITIES, INC. 54-2082237 Page 5 Schedule R (Form 990) 2020 DISA Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

FREEDOM HOUSE FOR PEOPLE WITH DISABILITIES, INC. 637 EAST 138 STREET BRONX, NY 10454

PREPARED BY:

GRASSI & CO. CPA'S, P.C. 488 MADISON AVENUE, 21ST FLOOR NEW YORK, NY 10022

AMOUNT OF TAX:

BALANCE DUE OF \$50

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

NEW YORK FORM CHAR500 REPORTS SHOULD ALSO BE FILED WITH THE DEPARTMENT OF STATE VIA THE WEB AT: HTTPS://MY.NY.GOV/

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informati	on						
For Fiscal Year Beginning	(mm/dd/yyyy) 07/01/	2020	and Ending (nm/dd/yyyy)	06/30/	2021
Check if Applicable: Address Change	Name of Org FREEDO	anization: M HOUSE]	FOR PE	OPLE WIT	TH DISA	BILITI	Employer Identification Number (EIN): $54 - 2082237$
Name Change	Mailing Addr 637 EA	ess: ST 138 ST	FREET				NY Registration Number: $40 - 42 - 33$
Final Filing	City / State / BRONX ,		54				Telephone: 212 677-6668
Reg ID Pending	Website: WWW • BF	LNYC.ORG					Email:
Check your organization's registration category:	7A or	ly EPTL	only 🔀	DUAL (7A &	EPTL)		Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u> .
2. Certification							
See instructions for certific two signatories.	cation require	ments. Improper	certification	n is a violation	of law that m	nay be subject	to penalties. The certification requires
					of the State	of New York a	best of our knowledge and belief, oplicable to this report.
President or Authorized ()fficer:					L FEUER: SIDENT/(
Signature Print Name and Title Date YUEQIN LI							e and Title Date
Chief Financial Officer or	Treasurer:				CHI		AL OFFICER
		Signature				Print Name	e and Title Date
3. Annual Reporting	Exemptio	'n					
Check the exemption(s) th	at apply to ye	our filing. If your o	organizatior	n is claiming an	exemption ι	under one cate	gory (7A or EPTL only filers) or both
categories (DUAL filers) th	at apply to yo	our registration, c	omplete on	ly parts 1, 2, ar	nd 3, and sub	bmit the certifie	ed Char500. No fee, schedules, or
additional attachments are	e required. If y	ou cannot claim/	an exempt	ion or are a DU	AL filer that o	claims only on	e exemption, you must file applicable
schedules and attachmen	ts and pay ap	plicable fees.					
exceed \$2		e organization did					overnment agencies, etc. did not raising counsel (FRC) to solicit
<u>3b. EPTL f</u> during the		on: Gross receipt	s did not ex	ceed \$25,000 a	and the mark	ket value of ass	sets did not exceed \$25,000 at any time
4. Schedules and At	tachment	S					
See the following page		_					
for a checklist of	Yes X						aising counsel or commercial co-venturer
schedules and		for fund r	aising activ	ity in NY State	If yes, com	plete Schedule	e 4a.
attachments to complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.							
5. Fee							
See the checklist on the next page to calculate you	7A filing Ir	ı fee:	EPTL filin	g fee:	Total fee:		Make a single check or money order payable to:
fee(s). Indicate fee(s) you	^	<u>-</u>	<u>^</u>	<u>.</u>	•	- 0	"Department of Law"
are submitting here:	\$	25.	\$	25.	\$	50.	Department of Edit

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

are submitting here:

FREEDOM HOUSE FOR PEOPLE WITH DISABILITIES, INC,



Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
Your organization is registered as DUAL and you marked <u>both</u> the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
 - Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

X Audit Report if you received total revenue and support greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\fbox \$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov *Is my Registration Category 7A, EPTL, DUAL or EXEMPT?* Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500	CLI	EN	CO	PΥ	2020
Schedule 4b: Governm	ent Grants				Open to Pub
www CharitiesNYS cor	n				Inspection

ublic Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:						NY Registration Number:
FREEDOM HOUSE	FOR	PEOPLE	WITH	DISABILITIES,	INC.	40-42-33

2. Government Grants

Name of Government Agency	Amount of Grant
1. HUMAN RESOURCES ADMINISTRATION	1. 3,562,028.
2. OFFICE OF CHILDREN AND FAMILY SERVICES	2. 111,168.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 3,673,196.