		*** PUBLIC DISCLOSURE COPY	Y **	* *								
	•	Return of Organization Exempt From	m Ir	ncome Tax	OMB No. 1545-0047							
Forn	n Y	90 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			s) 2020							
		Do not enter social security numbers on this form as it i	may b	e made public.	Open to Public							
Intern	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.											
A For the 2020 calendar year, or tax year beginning $OCT \ 1$, $\ 2020$ and ending $SEP \ 30$, $\ 2021$												
BC	heck if oplicab			D Employer identific	ation number							
بند 	Addre	QUALITY TRUST FOR INDIVIDUALS WITH										
	chang Name	DISABILITIES, INC.			- 1							
	chang Initial	Doing business as		74-299466								
	_return]Final	Number and street (or P.0. box if mail is not delivered to street address)Room4301CONNECTICUT AVENUE310		E Telephone number (202) 448	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
	return_ termin			G Gross receipts \$	8,315,273.							
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20008		H(a) Is this a group ref								
	_return _Applio_ _tion			for subordinates?								
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates inc								
I T	ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	1	ist. See instructions							
		te: ► WWW.DCQUALITYTRUST.ORG		H(c) Group exemption								
κF	orm o		Year (State of legal domicile: DC							
	rt I	Summary										
	1	Briefly describe the organization's mission or most significant activities: SUPPORT	ING	PEOPLE WITH	[
nce		DEVELOPMENTAL DISABILITIES TO LIVE SAFE, HEA	LTH	Y AND QUALI	TY LIVES.							
irna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	more	than 25% of its net asse								
ove	3	Number of voting members of the governing body (Part VI, line 1a)		15								
୍ ଅ	4	Number of independent voting members of the governing body (Part VI, line 1b)		15								
Activities & Governance		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			24							
iviti		Total number of volunteers (estimate if necessary)			32							
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.							
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11										
	8	Contributions and grants (Dart) (III line 1b)	-	Prior Year 375,601.	Current Year 682,802.							
Ine	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		104,091.	77,538.							
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,492,127.	1,334,528.							
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,004.	0.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,968,815.	2,094,868.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,901,234.	1,871,694.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
xpe		Total fundraising expenses (Part IX, column (D), line 25) 157,013.	_									
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		646,758.	763,439.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	2,547,992.	2,635,133.							
		Revenue less expenses. Subtract line 18 from line 12		-579,177.	-540,265.							
Net Assets or Fund Balances				ginning of Current Year	End of Year 19,455,901.							
Bala	20	Total assets (Part X, line 16)		907,439.	860,633.							
let ∕ und	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		16,659,292.	18,595,268.							
	22 Irt II	Signature Block			10,000,200.							
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s	stateme	nts, and to the best of mv	knowledge and belief. it is							
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr			· · · · · · · · · · · · · · · · · · ·							
,		Mauntte										
Sigr	า	Signature of officer		Date 8/14/2	022							

Here	SHAWN ULLMAN, CHIEF EXECUTIVE OFFICER	0/14/2022
	Type or print name and title	
	Print/Type preparer's name Date	Check PTIN
Paid	FRANK H. SMITH Frank H. mith 08/1	.5/22 self-employed P00639053
Preparer	Firm's name MARCUM LLP	Firm's EIN ▶ 11-1986323
Use Only	Firm's address 🖕 1899 L STREET, NW, SUITE 850	
	WASHINGTON, DC 20036	Phone no. (202) 227-4000
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2020)
	*** ELECTRONICALLY FILED ON 08/15/22	*** COPY

	990 (2020) DISABILITIES, INC. 74-2994661 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	QUALITY TRUST IS AN INDEPENDENT CATALYST FOR CHANGE IN THE LIVES OF
	PEOPLE OF ALL AGES WITH DISABILITIES IN THE DISTRICT OF COLUMBIA AND
	BEYOND. WE PARTNER WITH PEOPLE AND THEIR FAMILIES SO THEY CAN SUCCEED,
	THRIVE AND EXPERIENCE FULL MEMBERSHIP IN THE COMMUNITIES THEY CHOOSE.
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?
-	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 \$ 1,172,379. including grants of \$) (Revenue \$ 42,781.
Ha	MONITORING AND ADVOCACY SUPPORTS: QUALITY TRUST'S MONITORING AND
	ADVOCACY PROGRAM COLLECTS, TRACKS, AND ANALYZES INFORMATION FROM A WIDE
	RANGE OF DOCUMENTATION ON THE QUALITY OF SUPPORTS PROVIDED TO PEOPLE
	WITH DEVELOPMENTAL DISABILITIES AND THE EFFECTIVENESS OF SUPPORTS IN
	ADDRESSING THOSE NEEDS. THE PROGRAM PROVIDES 1) TECHNICAL ASSISTANCE TO
	SERVICE PROVIDERS ON TOPICS THAT AFFECT THE QUALITY OF LIFE OF PEOPLE,
	(2) INDIVIDUAL ADVOCACY SUPPORT TO PEOPLE TO ACCOMPLISH DESIRED
	OUTCOMES AND RESOLVE BARRIERS TO FULL INTEGRATION AND, (3) PUBLISHES
	PUBLIC QUARTERLY AND ANNUAL MONITORING REPORTS OF THEIR FINDINGS THAT
	ARE DISSEMINATED TO LOCAL DISABILITY AND GOVERNMENT STAKEHOLDERS AND
	ARE POSTED ON QUALITY TRUST'S WEBSITE. DURING THE COVID PANDEMIC WE
	TRANSITIONED TO PROVIDING OUR SERVICES AND SUPPORTS VIRTUALLY UTILIZING
46	
4b	(Code:) (Expenses \$371,915. including grants of \$) (Revenue \$) (
	PROJECTS PROGRAM PROVIDES DIRECT SUPPORT TO ENHANCE THE QUALITY OF LIFE
	FOR PEOPLE WITH DISABILITIES THROUGH YOUTH AND FAMILY ADVOCACY,
	PERSONAL SUPPORT FACILITATION, FAMILY, AND PARENT TO PARENT PEER
	SUPPORT. OUR WORK IS ACCOMPLISHED BY (1) PROVIDING INDIVIDUAL ADVOCACY
	SUPPORT TO MEET DESIRED OUTCOMES AND RESOLVE BARRIERS (2) PROVIDING
	TRAINING AND OUTREACH TO PEOPLE WITH DISABILITIES, FAMILIES, AND
	DISABILITY PROFESSIONALS ON A VARIETY OF DISABILITY TOPICS AND, (4)
	DIRECTING A NUMBER OF SPECIFIC PROJECTS FOR SPANISH-SPEAKING PERSONS
	AND PARENTS. THE PROGRAM CONTINUED OUR WORK VIRTUALLY AND MET PEOPLE IN
	PERSON WHEN NECESSARY, PRACTICING SAFE PROTOCOLS WHEN INTERACTING WITH
	PEOPLE. WE PROVIDED OVER 30 GALAXY TABLETS TO PEOPLE TO MAINTAIN
4	262 681 4 024
4c	(Code:) (Expenses \$363,671. including grants of \$) (Revenue \$4,834. LEGAL EDUCATION AND ADVOCACY: QUALITY TRUST'S LEGAL AND ADVOCACY TEAM
	OF ATTORNEYS ADVOCATE FOR THE REFORM AND IMPROVEMENT OF GOVERNMENT;
	COMMUNITY SUPPORTS AND SERVICES TO PEOPLE WITH DEVELOPMENTAL
	DISABILITIES. THEY ACCOMPLISH THIS BY PROVIDING (1) LEGAL ADVOCACY
	FOCUSED ON SYSTEMIC ISSUES AND ENSURING ACCESS TO HIGH-QUALITY SERVICES
	AND SUPPORTS, (2) PROVIDING EDUCATION, OUTREACH AND TRAINING TO PEOPLE
	WITH DISABILITIES, FAMILIES, LEGAL AND DISABILITY PROFESSIONALS IN
	DIFFERENT DISABILITY POLICY AND PRACTICE AREAS AND, (3) DIRECTING A
	NUMBER OF SPECIFIC PROJECTS UTILIZING DISABILITY BEST PRACTICES AND
	AFFECTING PEOPLE WITH DISABILITIES.
	THIS YEAR STAFF CONDUCTED OVER 37 TRAININGS AND WEBINARS, SERVED AS A
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,907,965.
4e	
	Form 990 (2020 2 12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)

DISABILITIES, INC.

Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
	If "Yes," complete Schedule A	1 2	X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	<u> </u>	
ŀ	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		X
r	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
5	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 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> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
)	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
)	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
d	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	11c		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
b	Schedule D, Parts XI and XII	<u>12a</u>	X	
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
;	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
а	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
i	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		- -
,	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		⊢^
D	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	X

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	<u>990 (2020)</u> DISABILITIES, INC. 74-2994	661	Р	age 4
Par	t IV Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
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			v
	Schedule K. If "No," go to line 25a	24a		X
	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	040		
لم	any tax-exempt bonds?	24c 24d		
		240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussified person during the year? (f /a = a gradule to Coherchule (,) Bart (25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	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			
07	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36		200		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		1
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
	(gambling) winnings to prize winners?	1c	Х	
032004	↓ 12-23-20	Form	990	(2020)
			_	

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DISABILITIES, INC.

OUALITY	TRUST	FOR	INDIVIDUALS	WITH
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Form	990 (2020) DISABILITIES, INC. 74-2994	661	Р	age 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 24							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x				
	any contributions that were not tax deductible as charitable contributions?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x				
	to file Form 8282?							
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
40	amounts due or received from them.)	10						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10						
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
-	organization is licensed to issue qualified health plans 13b							
	Enter the amount of reserves on hand 13c	44-		X				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a						
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	_r		x				
	excess parachute payment(s) during the year?	15						
40	If "Yes," see instructions and file Form 4720, Schedule N.	10		X				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16						
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2020)

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032005 12-23-20



QUALITY TRUST FOR INDIVIDUALS WITH DISABILITIES,

INC.

Form 990 (2020)

74-2994661 Page 6

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

						Yes		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		15				
	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 0.						l	
b	Enter the number of voting members included on line 1a, above, who are independent	1b		15			l	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				l	
	officer, director, trustee, or key employee?			🗋	2			
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision					
	of officers, directors, trustees, or key employees to a management company or other person?				3			
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		🖵	5			
6	Did the organization have members or stockholders?			🖵	6		-	
7a	more members of the governing body?							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?			. 7	7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:					
а	The governing body?			. 8	Ba	Х		
b	Each committee with authority to act on behalf of the governing body?			6	Bb	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9			
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
				_		Yes	•	
10a	Did the organization have local chapters, branches, or affiliates?			1	0a			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				0b			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	1	1a		l	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					37		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				2a	X	•	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			1	2b	X	•	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	,				37		
	in Schedule O how this was done				2c	X	•	
	Did the organization have a written whistleblower policy?			·· –	13	X	•	
14	Did the organization have a written document retention and destruction policy?			🖵	14	X	l	
15	Did the process for determining compensation of the following persons include a review and approva	l by inc	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				_	v		
	The organization's CEO, Executive Director, or top management official				5a	X	•	
b	Other officers or key employees of the organization			. 1	5b		l	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent teacher active design the area of the set of				^			
	taxable entity during the year?			. "	6a		ĺ	
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				Ch.			
Sect	exempt status with respect to such arrangements?				6b			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright VA						•	
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (Section 501(c)(3)s o	nlv)	availa		
	for public inspection. Indicate how you made these available. Check all that apply.	10 000)(0)0 01	, ny)	avana		
	Own website Another's website X Upon request Other (explain)	on So	hadula ()					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and fir	าลกด	ial		
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records					
	SHAWN ULLMAN - (202) 448-1441						•	
	4301 CONNECTICUT AVENUE, NO. 310, WASHINGTON, DC 2	2000	8			000	•	
	12-23-20			F	orm	990	ł	

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QUALITY '	TRUST	FOR	INDIVIDUALS	WITH
DISABILI'	TIES.	INC.		

74-2994661	Page 7

Form 990 (2		DISABILITIES				74-2
Part VII	Compensation	of Officers, Directo	ors, Trustees	, Key Employees,	, Highest C	Compensated
	Employees, an	d Independent Con	tractors			

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)		mea		C)	ip or	loure	(D)	(E)	(F)
Name and title	Average Position							Reportable	Reportable	Estimated
	hours per	box	box, unless person i				n an	compensation	compensation	amount of
	week		cer an	d a d	irecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		n ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TINA CAMPANELLA	40.00	_	_							
CHIEF EXECUTIVE OFFICER		1		Х				173,708.	0.	25,570.
(2) JAMES J. LETHBRIDGE	40.00									
DEPUTY DIRECTOR OF PROGRAM		1				X		112,847.	0.	20,324.
(3) PHYLLIS A. HOLTON	40.00									
DEPUTY DIRECTOR OF OPERATI		1				X		112,847.	0.	19,479.
(4) JENISE ROSS	40.00									
DIRECTOR, ADMIN. OPERATIONS						X		103,993.	0.	19,590.
(5) CHASE PHILLIPS	2.50									
CHAIR		Х		Х				0.	0.	0.
(6) CURTIS SCHEHR	2.50									
VICE-CHAIR/TREASURER		Х		Х				0.	0.	0.
(7) NICOLE JORWIC	2.50									
SECRETARY		Х		Х				0.	0.	0.
(8) PIER BROADNAX	1.50									
DIRECTOR		Х						0.	0.	0.
(9) CAROL GRIGSBY	1.50									
DIRECTOR		Х						0.	0.	0.
(10) QUINTINA HAMPTON	1.50									_
DIRECTOR		Х						0.	0.	0.
(11) BEN KING	1.50									
DIRECTOR		Х						0.	0.	0.
(12) NATHALIE MIZELLE-JOHNSON	1.50									
DIRECTOR	1 50	Х						0.	0.	0.
(13) JAHERO OTIENO	1.50									•
DIRECTOR	1 50	Х						0.	0.	0.
(14) YOLANDRA A. PLUMMER, PH.D	1.50								•	0
DIRECTOR	1 50	Х						0.	0.	0.
(15) STEVEN POWE	1.50								0	0
DIRECTOR	1 50	Х						0.	0.	0.
(16) WALTER SUSKIND	1.50								<u>^</u>	•
DIRECTOR		Х						0.	0.	0.
(17) DONNA THORNTON	1.50								<u>^</u>	•
DIRECTOR		Х						0.	0.	0.
032007 12-23-20				_	-					Form 990 (2020)

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QUALITY TRUST FOR INDIVIDUALS WIT

	QUALITY			ΤV	IDT	VI	DU	АL	S WITH	= 4 4	~ ~ 1		
	990 (2020) DISABILI	-								74-2994	661	Pa	age (
Part	VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t Co	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per			Pos heck i ss per	more	than o		(D) Reportable compensation	(E) Reportable compensation		(F) timate iount o	
		week (list any hours for related organizations below line)	tee or director		Officer	irecto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fro orga and	other pensation the anizati relate nizatio	tion e ion ed
	MOLLY WHALEN	1.50											
	CTOR - UNTIL 12/2020	1 50	Х						0.	0.			0.
(19) DIREC	KEITH WRIGHT TTOR	1.50	x						0.	0.			0.
			-										
			-										
1b	Subtotal	-							503,395.	0.	84	1,96	53.
	Total from continuation sheets to Part V								0.	0.			0.
d	Total (add lines 1b and 1c)	<u></u>							503,395.	0.	84	1,96	<u>53.</u>
2	Total number of individuals (including but r compensation from the organization	not limited to the	ose	liste	ed ab	ove) wh	o ree	ceived more than \$100,	000 of reportable			4
	i ü i											Yes	No
3	Did the organization list any former officer	, director, truste	ee, k	key e	empl	oye	e, or	higł	nest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for s										3		Х
	For any individual listed on line 1a, is the si and related organizations greater than \$15	•		•						•	4	x	
	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," con</i>					-			•		5		х
	ion B. Independent Contractors	iproto concauto			<u>. vi j</u>	2010	911 .						

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from 1 the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
POLINGER COMPANY		
5530 WISCONSIN AVE, CHEVY CHASE, MD 20815	RENT	148,712.
DC HEALTH LINK		
1207 TAYLOR ST. NW, WASHINGTON , DC 20011	OTHER	127,773.
2 Total number of independent contractors (including but not limited to those listed	l above) who received more than	
\$100,000 of compensation from the organization > 2		
		Form 990 (2020)

032008 12-23-20

8 2020.06000 QUALITY TRUST FOR **COPY** QT____1



DISABILITIES, INC.

QUALITY TRUST FOR INDIVIDUALS WITH

Form	1 99() (2	DISABILITIES,	INC.			74-2994	661 Page 9
Pa	rt V	(111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
(0, (0	4	~	Federated campaigns 1a	1,493.				
ints				1,100	-			
D C L				6,534.	-			
ts,			· · · · · · · · · · · · · · · · · · ·	0,554.	-			
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d		-			
ns,			Government grants (contributions) 1e	572,460.				
er S		f	All other contributions, gifts, grants, and	100 015				
ibu				102,315.				
d Dr		g	Noncash contributions included in lines 1a-1f					
aC		h	Total. Add lines 1a-1f		682,802.			
				Business Code				
ė	2	а	CONSULTING REVENUE	900099	42,781.	42,781.		
Program Service Revenue		b	PERSONAL SUPP. FACIL.	900099	29,923.	29,923.		
Sei		с	WORKSHOP REGISTRATION	900099	4,834.	4,834.		
že Še		d				-		
Bea		e						
Pro			All other program service revenue					
_			Total. Add lines 2a-2f		77,538.			
	3	y			11,550.			
	3		Investment income (including dividends, intere		251,358.			251,358.
			other similar amounts)		, <u></u>			ZJI, JJO.
	4		Income from investment of tax-exempt bond p	-				
	5		Royalties					
	-		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	🕨				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 7296299 .					
		b	Less: cost or other basis					
e			and sales expenses					
evenue		c	Gain or (loss) 7c 1083170.					
sev.			Net gain or (loss)	•••••	1,083,170.			1083170.
er Re			Gross income from fundraising events (not					
Other	0	a	including \$6,534. of					
0								
			contributions reported on line 1c). See	7 276				
			Part IV, line 18		-			
			Less: direct expenses 8b	1,210.	0			
			Net income or (loss) from fundraising events	▶	0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	a				
		b	Less: cost of goods sold	þ				
		с	Net income or (loss) from sales of inventory	►				
				Business Code				
snc	11	а						
nec		b						
Miscellaneous Revenue		c						
Sce			All other revenue	<u> </u>				
Σ			Total. Add lines 11a-11d		1			
		9			2,094,868.	77,538.	0.	1334528.
	12		Total revenue. See instructions	····· F	,000. 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form 990 (2020)
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9 2020.06000 QUALITY TRUST FOR COPY QT____1

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כ)	DISABILITIES,	INC.

	990 (2020) DISABILITIES			74-29	94661 Page 10
	· · ·		v organizationat	anlata agluma (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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	204,659.	102,331.	92,095.	10,233.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,336,761.	1,089,680.	158,939.	88,142.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	78,133.	64,225.	8,728.	5,180. 9,047. 7,493.
9	Other employee benefits	135,324.	112,747.	13,530.	9,047.
10	Payroll taxes	116,817.	91,010.	18,314.	7,493.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	82,063.		82,063.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	84,498.		84,498.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	228,271.	198,572.	26,211.	3,488.
12	Advertising and promotion	20,857.	5,587.	464.	14,806.
13	Office expenses	52,611.	40,576.	11,426.	609.
14	Information technology				
15	Royalties				
16	Occupancy	169,810.	132,457.	26,457.	10,896.
17	Travel	3,145.	1,715.	1,099.	331.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,895.	6,178.	3,493.	224.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,537.	21,479.	4,291.	1,767.
23	Insurance	23,630.		23,630.	
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		43,663.	34,058.	6,803.	2,802.
b	SUBSCRIPTIONS AND PUBS	12,316.	4,207.	6,114.	1,995.
с	MISCELLANEOUS	5,143.	3,143.	2,000.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,635,133.	1,907,965.	570,155.	157,013.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

032010 12-23-20

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

10 2020.06000 QUALITY TRUST FOR **COPY** QT____

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QUALITY TRUST FOR INDIVIDUALS WITH DISABILITIES, INC.

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,500.	1	1,500.		
	2	Savings and temporary cash investments	1,297,965.	2	1,264,511.		
	3	Pledges and grants receivable, net	161,415.	3	53,046.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current	or former of	fficer, director,			
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the	nese persor	IS		5	
	6	Loans and other receivables from other disqu					
Ś		under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
Ÿ	9	Prepaid expenses and deferred charges	13,153.	9	6,460.		
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	343,755.			
	b	Less: accumulated depreciation	. 10b	244,666.	116,332.	10c	99,089.
	11	Investments - publicly traded securities	15,956,947.	11	18,014,539.		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	19,419.	15	16,756.		
	16	Total assets. Add lines 1 through 15 (must e	17,566,731.	16	19,455,901.		
	17	Accounts payable and accrued expenses	278,027.	17	260,575.		
	18	Grants payable		18			
	19	Deferred revenue			25,526.	19	22,490.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV of	Schedule D		21	
ŝ	22	Loans and other payables to any current or fo	rmer office	r, director,			
litie		trustee, key employee, creator or founder, sul	ostantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of the	IS		22		
	23	Secured mortgages and notes payable to unr	elated third	parties		23	
	24	Unsecured notes and loans payable to unrela	ted third pa	rties	439,754.	24	439,754.
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lir	ies 17-24).	Complete Part X			
		of Schedule D			164,132.	25	137,814.
	26	Total liabilities. Add lines 17 through 25			907,439.	26	860,633.
		Organizations that follow FASB ASC 958, c	heck here				
ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			16,594,780.	27	18,594,397.
Ba	28	Net assets with donor restrictions			64,512.	28	871.
pur		Organizations that do not follow FASB ASC	958, chec	khere 🕨 🗌			
Ľ.		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current fund	ds			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	
Net	32	Total net assets or fund balances			16,659,292.	32	18,595,268.
-	33	Total liabilities and net assets/fund balances			17,566,731.	33	19,455,901.

Form 990 (2020)

032011 12-23-20



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QUALITY	TRUST	FOR	INDIVIDUALS	WITH
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Form	990 (2020) DISABILITIES, INC.	74-2	994661	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,094		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,635		
3	Revenue less expenses. Subtract line 2 from line 1	3	-54(
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,659	<u> </u>	
5	Net unrealized gains (losses) on investments	5	2,476	5,24	41.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,595	5,20	<u>58.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

Form **990** (2020)

032012 12-23-20



SCH	HEDULE A		Dublic Cha	rity Status an	d Duk	lia Si	innort		OMB No. 1545-0047
(Form 990 or 990-EZ)				rity Status an	2020				
			494	47(a)(1) nonexempt cha	ritable tru	st.			
	nent of the Treasury Revenue Service			Attach to Form 990 or F //Form990 for instruction	formation		Open to Public Inspection		
Name	of the organizati		-	FOR INDIVIDUA				Employer	identification number
	-	DISA	BILITIES, I	INC.					4-2994661
Par	t I Reason	for Public C	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instruction	S.	
The o	rganization is not a	private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)			
1 [A church, co	nvention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2	A school des	cribed in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	1 990 or 99	90-EZ).)			
3 [· ·	•		nization described in se					
4 [-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
Γ	city, and stat	-	or the banefit of a col	lege or university owned	or oporat	od by a go	vorpmontal u	nit doscribo	od in
5 [Complete Part II.)	lege of university owned	or operation	eu by a go	vennentaru	nit describe	
6 [nental unit described in a	section 17	70(b)(1)(A)	(v)		
			•	ntial part of its support fr			. ,	ne general r	oublic described in
-			omplete Part II.)		5			5	
8 [A community	trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	: II.)				
9 [An agricultur	al research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a	land-grant	college
	or university	or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
_	university:								
10				than 33 1/3% of its supp					
				t to certain exceptions; a					-
				(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.
11			mplete Part III.)	vely to test for public sat	oty Soo	soction 50	0(a)(4)		
12		-	-	vely for the benefit of, to	•			rry out the	nurnoses of one or
	-	-	-	d in section 509(a)(1) o	-			•	
			-	f supporting organizatior					
а	Type I. A s	upporting orga	nization operated, su	upervised, or controlled	by its supp	oorted orga	anization(s), ty	/pically by	giving
	the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	pporting
	organizatio	n. You must c	omplete Part IV, Se	ections A and B.					
b			-	or controlled in connect			-		-
		0		anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
-	<u> </u>	. ,	t complete Part IV,						alittla
С		-		g organization operated). You must complete F		,		ly integrate	a with,
d		Ũ	()()	orting organization oper				ted organiz	ration(s)
u		-	• •	ation generally must sati				-	
			•	nplete Part IV, Sections	•		•		
е				written determination from				II, Type III	
	functionally	integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.			
f	Enter the number	of supported o	organizations						
g	Provide the follow (i) Name of supp		about the supporte (ii) EIN		(iv) is the oroa	anization listed	(v) Amount of	monoton	(vi) Amount of other
	organizatior			(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)
		-		above (see instructions))	Yes	No		,	
Total	or Paperwork Pe	duction Act N	otice, see the Instru	uctions for Form 990 or	990-F7	032021 01	25-21 Scher	dule A (For	m 990 or 990-EZ) 2020
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 Schedule A (Form 990 or 990-EZ.
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 Schedule A (Form 990 or 990 EZ) 2020

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QUALITY TRUST FOR INDIVIDUALS 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.)

Sec	Section 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.")	617,549.	645,883.	460,138.	375,601.	670,762.	2769933.			
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	617,549.	645,883.	460,138.	375,601.	670,762.	2769933.			
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)						59,366.			
6	Public support. Subtract line 5 from line 4.						2710567.			
1	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			
	Amounts from line 4	617,549.	645,883.	460,138.	375,601.	670,762.	2769933.			
	Gross income from interest,		-	-	-	-				
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	447,736.	425,012.	706,272.	946,853.	251,358.	2777231.			
9	Net income from unrelated business									
•	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)		268.				268.			
11	Total support. Add lines 7 through 10						5547432.			
12	Gross receipts from related activities,	etc (see instructio	ne)			12 1	,188,868.			
	First 5 years. If the Form 990 is for th	•	,			· · · ·	,			
10	organization, check this box and stop	-		-						
Sec	tion C. Computation of Publi		-							
	Public support percentage for 2020 (li			column (f))		14	48.86 %			
15	Public support percentage from 2019					15	44.15 %			
	33 1/3% support test - 2020. If the c									
							57			
b	stop here. The organization qualifies as a publicly supported organization ▶ ⊥ b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qualifies as a publicly supported organization									
17a										
	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances te			-		-				
Ь	10% -facts-and-circumstances test	-		• • • •	-	7a and line 15 is '				
ŭ	more, and if the organization meets th	-								
	organization meets the facts-and-circu				• •					
10										
10	Private foundation. If the organizatio	in alla not check a l		a, 100, 17a, 0f 170		nd see instructions				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 DISABILITIES, INC.

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Part III Support Schedule for Organizations Described in Section 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.)

Sec	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.")						
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						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) Ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•					·
Sec	check this box and stop here	c Support Per	rcentage			<u></u>	
15	Public support percentage for 2020 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2019 ction D. Computation of Invest					16	%
17	Investment income percentage for 20)20 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	anization qualifies	as a publicly suppo	orted organiza	tion ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
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Schedule A (Form 990 or 990-EZ) 2020 DISABILITIES, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 DISABILITIES, INC. Part IV Supporting Organizations (continued)

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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		
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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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			
2	supported organization operate for the benefit of any supported organization other than the supported Did the organization operate for the benefit of any supported organization other than the supported	1		
_	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			L
			Yes	No
4	Ware a majority of the argenization's directors or tructors during the tay year alog a majority of the directors		162	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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
4	Did the exercitation provide to each of its supported exercitations, by the last day of the fifth month of the		162	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	-		
0	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			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a	2		
	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			
0.00	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
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.	5).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructior		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	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		
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		
032025	5 01-25-21 Schedule A (Form	990 or 99	90-EZ)	2020

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	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	na Organi		74-2994001 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se	<u> </u>		Part VI) See instructions
'	All other Type III non-functionally integrated supporting organizations must			
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	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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

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Schedule A (Form 990 or 990-F7) 2020 DISABILITIES, INC.

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	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exer	1		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	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 (describe in Part VI). 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	Γ	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
	From 2017			
	From 2018			
	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
	Applied to underdistributions of prior years Applied to 2020 distributable amount			
	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, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21



QUALITY TRUST FOR INDIVIDUALS WITH Schedule A (Form 990 or 990-EZ) 2020 DISABILITIES, INC.

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

70815 150872 QT	20 2020.06000 QUALITY TRUST FOR TOPY QT
032028 01-25-21	Schedule A (Form 990 or 990-EZ) 202
2020 AMOUNT: \$ 0.	
2019 AMOUNT: \$ 0.	
2016 AMOUNT: \$ 0.	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020)
------	---

Employer identification number

Organization type (check one):

DISABILITIES, INC.

74-2994661

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

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

Special Rules

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

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

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

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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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

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

Name of organization

QUALITY TRUST FOR INDIVIDUALS WITH DISABILITIES, INC.

Employer identification number

74-2994661

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$439,754.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
2		\$97,706.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
3		\$65,916.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
4		\$25,000.	Person X Payroll Noncash (Complete Part II fo noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash Complete Part II fo
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash Complete Part II fo

2020.06000 QUALITY TRUST FOR INDIVID QT____1

Part II	Noncash Property (see instructions). Use duplicate copies of P	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
		\$	

Page 3

me of organ	orm 990, 990-EZ, or 990-PF) (2020)		Page 4				
JALITY	nization TRUST FOR INDIVIDUAI	S WITH	Employer identification number				
	ITIES, INC.		74-2994661				
art III E	xclusively religious, charitable, etc., contribution		n 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
tr cr	rom any one contributor. Complete columns oppleting Part III, enter the total of exclusively religious	(a) through (e) and the following line entry. F charitable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.) \$				
U	lse duplicate copies of Part III if additiona	Il space is needed.					
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
artl							
			-				
			_				
-			_				
		(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
-							
-							
No.							
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_							
_			_				
_			_				
		(a) Transfor of sift					
		(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
	· · · ·		· · · · · ·				
_							
No.							
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_ _							
_			_				
	(e) Transfer of gift						
		(e) Transfer of gift					
	Transferee's name address		Pelationship of transferor to transferee				
	Transferee's name, address,		Relationship of transferor to transferee				
	Transferee's name, address,		Relationship of transferor to transferee				
	Transferee's name, address,		Relationship of transferor to transferee				
	Transferee's name, address,		Relationship of transferor to transferee				
No. Dm.	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee (d) Description of how gift is held				
No. mrt I							
No. pm rt I		and ZIP + 4					
No. m rt I		and ZIP + 4					
No. m rt I		and ZIP + 4					
No. m rt I		and ZIP + 4					
No. m rt I 	(b) Purpose of gift	and ZIP + 4 (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
No. m irt I		and ZIP + 4 (c) Use of gift (e) Transfer of gift					
No. om art I	(b) Purpose of gift	and ZIP + 4 (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
No. om irt I	(b) Purpose of gift	and ZIP + 4 (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
No. om <u>irt I</u>	(b) Purpose of gift	and ZIP + 4 (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
No. om art I	(b) Purpose of gift	and ZIP + 4 (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				

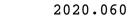
SCHEDULE D		Supplen	nenta	al Financial Statement	ts		OMB No. 1	545-0047
(Forr	n 990)	Complete if	Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					
Department of the Treasury			Attach to Form 990.				Public	
Interna	Revenue Service			90 for instructions and the latest infor	mation.		Inspect	
Nam	e of the organizatio	DISABILITIES,		INDIVIDUALS WITH			4 - 29946	
Pa	rt I Organiza			d Funds or Other Similar Fund	s or Ac			
		answered "Yes" on Form 990, Pa			0 01 710	oountor	Completent	
	organization		arc iv, iii	(a) Donor advised funds	(b) Funds an	d other accou	unts
1	Total number at en	d of year						
2		contributions to (during year)						
3		grants from (during year)						
4		end of year						
5				writing that the assets held in donor adv	ised fund	s		
	are the organization	n's property, subject to the organi	zation's	exclusive legal control?			Yes	No No
6	Did the organization	n inform all grantees, donors, and	donor a	dvisors in writing that grant funds can b	e used or	nly		
	for charitable purpo	oses and not for the benefit of the	donor o	r donor advisor, or for any other purpose	e conferri	ng		
	impermissible priva						Yes	No
Pa	rt II Conserva	ation Easements. Complete	if the or	ganization answered "Yes" on Form 990	, Part IV,	line 7.		
1	Purpose(s) of conse	ervation easements held by the or	rganizati	on (check all that apply).				
	Preservation	of land for public use (for example	e, recrea	tion or education)	of a histo	rically impo	rtant land are	а
	Protection of	natural habitat		Preservation	of a certif	ied historic	structure	
		of open space						
2		e	d a quali	fied conservation contribution in the form	n of a cor			
	day of the tax year.						at the End of t	he Tax Year
a						2a		
b	•	icted by conservation easements				2b		
c				ucture included in (a)		2c		
d		.,		after 7/25/06, and not on a historic struc		0.1		
2				accord autinguished ar terminated by th		2d	a the tax	
3	year	ation easements modified, transie	erreu, rei	eased, extinguished, or terminated by the	le organiz		y the tax	
4		 where property subject to conserva	ation eas	sement is located				
5				riodic monitoring, inspection, handling o	 f			
Ŭ		prcement of the conservation ease					Yes	No
6	,			handling of violations, and enforcing co				
-	•						· · · · · · · · · · · · · · · ·	
7	Amount of expense	es incurred in monitoring, inspecti	na. hanc	lling of violations, and enforcing conserv	ation eas	ements dur	ing the vear	
	▶\$	3, 1	3,	5			5 ,	
8	Does each conserv	ration easement reported on line 2	2(d) abov	e satisfy the requirements of section 17	0(h)(4)(B)(i)		
				· · ·			Yes	No No
9				on easements in its revenue and expens				
	balance sheet, and	include, if applicable, the text of	the footr	note to the organization's financial stater	nents tha	t describes	the	
	organization's acco	ounting for conservation easement	ts.					
Pa	rt III Organiza	tions Maintaining Collect	ions of	Art, Historical Treasures, or C	Other Si	milar As	sets.	
	Complete if	the organization answered "Yes"	on Form	990, Part IV, line 8.				
1a	U U			8, not to report in its revenue statement				
	of art, historical trea	asures, or other similar assets hel	d for put	blic exhibition, education, or research in	furtheran	ce of public		
				ncial statements that describes these ite				
b	-			8, to report in its revenue statement and				
			-	exhibition, education, or research in fur	therance	of public se	ervice,	
	-	ng amounts relating to these items						
~								
2	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:							
-	-			-		► ¢		
						► \$ ► \$		
		eduction Act Notice, see the Inst					dule D (Form	1 990) 2020
	1 12-01-20					Sone		, LOLU
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2020.06000 QUALITY TRUST FOR INDIVID QT____1

		TRUST F		IVIDUAI	'S WITH		_			-
		ITIES, II		<u> </u>					94661	
Par	t III Organizations Maintaining C								(continue	ed)
3	Using the organization's acquisition, access	on, and other rec	cords, check	c any of the fo	ollowing that	make sigr	nificant us	se of its		
	collection items (check all that apply):		. —							
а	Public exhibition				nange progra					
b	Scholarly research		e 📖	Other						
c	Preservation for future generations									
4	Provide a description of the organization's c							e in Part	XIII.	
5	During the year, did the organization solicit of								7	
Par	to be sold to raise funds rather than to be m LIV Escrow and Custodial Arran								Yes	No
	reported an amount on Form 990, Pa			e organization	I allowered		0111 990,	ran iv, i	ine 9, 01	
1a	Is the organization an agent, trustee, custod		mediary for	contributions	or other ass	ets not inc	cluded			
	on Form 990, Part X?		-						Yes	No
b	If "Yes," explain the arrangement in Part XIII							····· ∟		
~			e leneting.						Amount	
с	Beginning balance						1c		,	
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F						?		Yes	No
	If "Yes," explain the arrangement in Part XIII					•				
Par	t V Endowment Funds. Complete	if the organizatio	n answered	"Yes" on For	rm 990, Part	IV, line 10				
		(a) Current yea	ar (b) F	Prior year	(c) Two years	s back (c	I) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
с	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 cur	rent year end bal	ance (line 1	g, column (a))) held as:					
	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	_%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the orga	nization tha	it are held an	d administere	ed for the	organizat	ion	_	
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		ndowment 1	funds.						
Fai	t VI Land, Buildings, and Equipm			/ line 11e O	000		- 10			
	Complete if the organization answere								(-1) D	
	Description of property	(a) Cost basis (inv		(b) Cost basis (• •	umulated	۲ 	(d) Book v	alue
19	Land			24010 (3001				
	Buildings									
	Leasehold improvements			20	7,143.	1	32,91	5.	74	,228.
	Equipment				4,220.		55,12			,095.
	Other				2,392.		56,62			,766.
	. Add lines 1a through 1e. (Column (d) must e		Part X colur							,089.
		<u></u>						chedule	D (Form 9	-

032052 12-01-20



QUALITY TRUST FOR INDIVIDUALS WITH DTGABTT.TTTFG TNC

Schedule D (Form	990) 2020 DISABILITIE	S, INC.		74-2994661	Page 3
	estments - Other Securities.				<i>u</i> -
Com	plete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
	Security Or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market v	alue
1) Financial deriv	/atives				
	quity interests				
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	t equal Form 990, Part X, col. (B) line 12.)				
Part VIII Inve	estments - Program Related.				
	plete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.		
(a)	Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	t equal Form 990, Part X, col. (B) line 13.)				
Part IX Oth	er Assets.				
 Com	plete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
		Description	, ,	(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
× /	must equal Form 990. Part X. col. (B) line	0.15)		•	
Part X Oth	er Liabilities.	<i>- 15.j</i>			
	plete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line	25	
I.	(a) Description of liability			(b) Book va	alue
	come taxes			(,	
	RED RENT			68	,226.
	RED TENANT ALLOWANCE				,588.
(4)					, 500 .
(5)					
(6)					
(7)					
(8)					
(9)				127	Q1 /
ι οται. (Column (b)	must equal Form 990, Part X, col. (B) line	<u>e 25.)</u>		► <u>137</u>	,814.

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

Schedule D (Form 990) 2020

032053 12-01-20



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	QUALITY TRUST FOR INDIVIDU	ALS W	ITH			
Sche	dule D (Form 990) 2020 DISABILITIES, INC.				2994661	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Witl	n Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,489,	,236.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	2,476,241.			
b	Donated services and use of facilities	2b	1,450.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		1,175.			
е	Add lines 2a through 2d			2e	2,478,	,866.
3	Subtract line 2e from line 1			3	2,010,	<u>,370.</u>
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	84,498.			
b	Other (Describe in Part XIII.)	. 4b				
С	Add lines 4a and 4b			4c	84,	<u>,498.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,094,	,868.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total expenses and losses per audited financial statements			1	2,553,	,260.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2 a	1,450.			
b	Prior year adjustments	. 2b				
С	Other losses	. 2c				
d	Other (Describe in Part XIII.)	2d	1,175.		_	
е	Add lines 2a through 2d			2e	2,	,625.
3	Subtract line 2e from line 1			3	2,550,	,635.
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	4 a	84,498.			
b	Other (Describe in Part XIII.)	. 4b				
С	Add lines 4a and 4b			4c	84,	,498.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,635,	,133.
Pa	rt 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:

FOR	\mathbf{THE}	YEAR	ENDE	D SEF	PTEME	BER	30,	202	1, QU	JALITY	Y TRUS	ST НА	SI	DOCUN	1ENT	ED II	'S
CON	SIDER	ATION	I OF 1	FASB	ASC	740	-10	, IN	COME	TAXES	S, THA	AT PR	CVO	IDES	GUI	DANCE	FOR
REPO	ORTIN	IG UNC	ERTA	INTY	IN]	INCO	ME '	TAXE	S ANI) HAS	DETER	RMINE	DΊ	ГНАТ	NO	MATER	IAL
UNCI	ERTAI	N TAX	POS	ITION	IS QU	JALI	FY :	FOR	EITHE	ER REG	COGNI	FION (OR	DISC	CLOS	URE I	N

THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

032054 12-01-20

29 2020.06000 QUALITY TRUST FOR **COPY** QT____

<u>1,17</u>5.

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1,175.

hedule D	(Form 990) 2020	QUALITY TRUS DISABILITIES	T FOR	INDIVIDUALS	WITH	74-2994661	Pag
art XIII	(Form 990) 2020 Supplemental Infor	rmation (continued)	, 110	•		, 1 2001	ray
		· · ·					
						Schedule D (Form S	990) :
	0						-,

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2020.06000 QUALITY TRUST FOR MDIVID QT____1

SCHEDULE G	Suppleme	ntal Informat	ion Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)						Part IV, line 17, 18, o m 990-EZ, line 6a.	r 19,	or if the	2020
	C								
Department of the Treasury Internal Revenue Service			ttach to Form 990			u-∟∠. the latest informati	on		Open to Public Inspection
Name of the organization		-	DR INDIVID				011.	Employer id	entification number
		ITIES, IN						74-2994	1661
	complete this part		organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
1 Indicate whether th	e organization rais	ed funds through	·	•		,			
a Mail solicitat					0	overnment grants			
— <u> </u>	email solicitations					nment grants			
c Phone solici d In-person so			g 🔄 Special	lunura	ising	events			
2 a Did the organization		r oral agreement	with any individual	(includ	ina of	ficers. directors. trus	tees.	or	
•		•		•	Ũ	undraising services?	,	Ye	s 🗌 No
b If "Yes," list the 10) highest paid indiv	viduals or entities	(fundraisers) pursu	ant to	agreer	ments under which th	ne fui	ndraiser is to b	e
compensated at le	east \$5,000 by the	organization.							
(i) Name and addres or entity (fund		(ii) /	Activity	(iii) fundr have ci or con contribu	trol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No		113		
				103	NU				
Total	ich the execution	n is registered or	licenced to colicit a			or has been notified	itia	avamat from v	
3 List all states in white or licensing.	ich the organizatio	ri is registered or	licensed to solicit t	CITITIO	LIONS	or has been notified	IL IS	exempt from 6	egistration
0									
LHA For Paperwork R	eduction Act Noti	ce, see the Instr	uctions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2020

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		II Fundraising Events. Complete if the of fundraising event contributions and groups of fundraising event contributions and groups of the second seco	oss income on Form 990			
				(b) Event #2 BETTER TOGETHER REC (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	7,280.	6,530.		13,810
	2	Less: Contributions	4,780.	1,754.		6,534
	3	Gross income (line 1 minus line 2)	2,500.	4,776.		7,276
	4	Cash prizes				
S	5	Noncash prizes	750.	425.		1,175
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8 9	Entertainment Other direct expenses Direct expense summary. Add lines 4 through	1,750.	• • • •		<u>6,101</u> 7,276
Pa		Net income summary. Subtract line 10 from I III Gaming. Complete if the organization	ine 3, column (d)	n 990, Part IV, line 19, or r	►	
_	11	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d)		►	(d) Total gaming (ad
Revenue	11 irt	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	(d) Total gaming (ad
Revenue	11 irt	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	(d) Total gaming (ad
Revenue	11 Irt 1 2	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	ine 3, column (d)	990, Part IV, line 19, or r	eported more than	(d) Total gaming (add
Revenue	11 irt 1 2 3	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	ine 3, column (d)	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (ad col. (a) through col. (a
Revenue	11 1 1 2 3 4 5	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	ine 3, column (d)	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than	(d) Total gaming (ad col. (a) through col. (a
Direct Expenses Revenue a	11 1 2 3 4 5 6	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	ine 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo 9 9 9 9 9 9 9 9 9 10 Yes% No 10 11 12 13 14 15 15 15 14 15 15 14 15 15 16 17 18 19 10 10 11 12 13 14 14 15 15 16 17 18 19 10 10 10 10 10 10 10 <td>990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo</td> <td>eported more than (c) Other gaming</td> <td>(d) Total gaming (ad col. (a) through col. (</td>	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (ad col. (a) through col. (
Revenue	11 1 2 3 4 5 6 7 8	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	ine 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo 9 9 9 9 9 9 9 9 9 10 11 12 13 14 15 15 15 16 17 16 16 17 16 16 17 18 19 10 10 11 12 13 14 14 15 16 16 17 18 19 10 10 10 11 12 13 14 14 15 16 </td <td>990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo</td> <td>eported more than (c) Other gaming Yes_% No</td> <td>(d) Total gaming (ad col. (a) through col. (a</td>	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes_% No	(d) Total gaming (ad col. (a) through col. (a

Schedule G (Form 990 or 990-EZ) 2020

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QUALITY TRUST FOR INDIVIDUALS WITH	0004661	
		Page 3
11 Does the organization conduct gaming activities with nonmembers?12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	No
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address 🕨		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
of gaming revenue retained by the third party \blacktriangleright \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation 🕨 \$		
Description of services provided 🕨		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e	
organization's own exempt activities during the tax year s		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d Part III, lines 9, 9b,	10b,

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Schedule G (Form 990 or 990-EZ)	QUALITY TRUST DISABILITIES,	FOR INC	INDIVIDUALS	WITH	74-2994661	Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Infor	mation (continued)					9
032084 04-01-20				Scl	nedule G (Form 990 or	r 990-EZ)
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2020.06000 QUALITY TRUST FOR INDIVID QT____1

SC	HEDULE J	Compensation Information	1	OMB No.	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		ົງດ	ົງດ	
	-	Compensated Employees		20	<u>Z</u> U	J
Dene	terrant of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization		Employer i	dentificati	on nui	mber
		DISABILITIES, INC.	74-2	99466	1	
Pa	rt I Question	s Regarding Compensation			-	
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	X Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		X
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		X
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	o committee Written employment contract				
	Independent of	ompensation consultant X Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			<u>5</u> a		X
b	Any related organiz	ation?		5 b		X
	If "Yes" on line 5a o	or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
						X
	Any related organiz	ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1e			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	n 990)) 2020

032111 12-07-20





QUALITY TRUST FOR INDIVIDUALS 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.

74-2994661

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred		(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) TINA CAMPANELLA	(i)	166,665.	5,518.	1,525.	11,709.	13,861.	199,278.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Schedule J (Form 990) 2020

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Page 2

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 1A:

TINA CAMPANELLA, WHO SERVES AS THE CHIEF EXECUTIVE OFFICER RECEIVED \$1,426

OF GROSS UP FOR LTD/STD INSURANCE FOR THE YEAR ENDED DECEMBER 31, 2020.

PHYLLIS A. HOLTON AND JAMES J. LETHBRIDGE RECEIVED \$1,426 OF GROSS UP FOR

LTD/STD INSURANCE FOR THE YEAR ENDED DECEMBER 31, 2020.

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OUALITY TRUST FOR INDIVIDUALS WITH DISABILITIES, INC.



74-2994661

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

WE COMPLETE OUR MISSION THROUGH A VARIETY OF TOOLS INCLUDING INDIVIDUAL

AND FAMILY ADVOCACY, MONITORING, LEGAL EDUCATION, AND COMMUNITY

OUTREACH.

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

AND OTHER TECHNOLOGY TO VISIT WITH PEOPLE WITH WHATSAPP, FACETIME

DISABILITIES AND THEIR FAMILIES WHILE KEEPING OUR STAFF AND

CONSTITUENTS SAFE FROM CONTRACTING THE VIRUS.

THIS YEAR STAFF COMPLETED 1004 SRI TRIAGED, 77 RANDOM MONITORING

44 CONCENTRATED PROVIDER MONITORING REVIEWS, 24 ADVOCACY REVIEWS,

REFERRALS. 121 NURSING REVIEWS TARGETING THE PROVISION OF HEALTHCARE

WERE COMPLETED WITHIN THE FOLLOWING RESIDENTIAL SETTINGS: 10 ICF, 84

SUPPORTED LIVING HOMES, 17 FAMILY HOMES, AND 4 HOST HOME SETTINGS.

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

CONNECTION WHILE PHYSICAL DISTANCING AND MAINTAINING CONTACT WITH THEIR

SERVICE COORDINATOR, SUPPORT TEAM, AND ADVOCATE.

THIS YEAR STAFF PARTICIPATED IN 14 FORMAL COLLABORATIONS, SUPPORTED 73 PEOPLE WITH DISABILITIES AND 71 PARENTS AND CAREGIVERS, FACILITATED 18 VIRTUAL TRAININGS AND WEBINAR, AND 385 PEOPLE WERE IMPACTED BY OUTREACH AND SPECIAL PROJECTS WORK.

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



Schedule O (Form 990 or 9	990-EZ) 2020	Page 2
Name of the organization	QUALITY TRUST FOR INDIVIDUALS WITH DISABILITIES, INC.	Employer identification number $74 - 2994661$
		, 1 2991001
RESOURCE FOR	OVER 160 PEOPLE WITH DISABILITIES AND FAMILY N	MEMBERS AND

PARTICIPATED IN OVER 90 STAKEHOLDER MEETINGS.

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

A DRAFT COPY OF THE FEDERAL FORM 990 IS SENT TO THE INVESTMENT FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW. THE INVESTMENT FINANCE COMMITTEE IS RESPONSIBLE FOR ASSISTING MANAGEMENT TO COMPLETE THE DOCUMENT CONSISTENT WITH THE AUDIT. INVESTMENT FINANCE COMMITTEE MEETINGS ARE OPEN TO ANY BOARD MEMBER WHO WISHES TO PARTICIPATE. ONCE COMPLETED, THE DOCUMENT IS SIGNED AND SENT TO THE INTERNAL REVENUE SERVICE. COPIES OF THE COMPLETED AND FILED FEDERAL FORM 990 ARE FORWARDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION AT THE NEXT BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF QUALITY TRUST'S BOARD OF DIRECTORS COMPLETE A CONFLICT OF INTEREST FORM AT THE BEGINNING OF THEIR BOARD SERVICE AND WHEN A CONFLICT ARISES OR THEIR MEMBER STATUS HAS CHANGED. STAFF COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY. ANY IDENTIFIED CONFLICTS ARE IMMEDIATELY REVIEWED AND DISCUSSED. IF THE BOARD OF DIRECTORS OR CHIEF EXECUTIVE OFFICER (FOR STAFF/VOLUNTEERS) HAS REASON TO BELIEVE THAT AN INTERESTED PARTY HAS FAILED TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST, IT SHALL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND ALLOW THE PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF THE BOARD OF DIRECTORS OR CHIEF EXECUTIVE OFFICER (FOR STAFF/VOLUNTEERS) DECIDES THAT THE INTERESTED PARTY HAS IN FACT FAILED TO DISCLOSE A POSSIBLE CONFLICT OF INTEREST, THE BOARD OF DIRECTORS SHALL TAKE SUCH DISCIPLINARY AND CORRECTIVE ACTION AS THE BOARD OF DIRECTORS SHALL DETERMINE.

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization QUALITY TRUST FOR INDIVIDUALS WITH DISABILITIES, INC.	Employer identification number 74-2994661
FORM 990, PART VI, SECTION B, LINE 15A:	
QUALITY TRUST SALARIES ARE BENCHMARKED TO LOCAL SALARY DATA SURVEYS FROM	
LOCAL NONPROFIT AND DISTRICT GOVERNMENT AGENCIES. THE BOARD OF DIRECTORS	
INITIALLY APPROVED SALARY RANGES FOR EACH POSITION AND EAC	H YEAR THE BOARD
OF DIRECTORS REVIEWS OVERALL COMPENSATION AND BENEFITS AS PART OF THE	
ANNUAL BUDGET PROCESS. INDIVIDUAL PERFORMANCE RAISES ARE M	ADE WITHIN THE
ESTABLISHED SALARY RANGE. COST OF LIVING ADJUSTMENTS ARE M	ADE AS FUNDS
ALLOW AND WITH THE APPROVAL OF THE BOARD OF DIRECTORS AS P	ART OF THE ANNUAL
BUDGET PROCESS. THE BOARD OF DIRECTORS IS RESPONSIBLE FOR	ESTABLISHING THE
SALARY AND BENEFITS FOR THE CHIEF EXECUTIVE OFFICER. THIS	SURVEY WAS LAST

CONDUCTED DURING SEPTEMBER 2020.

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

QUALITY TRUST PROVIDES AN ANNUAL REPORT TO THE PUBLIC WHICH INCLUDES THE AUDITED FINANCIAL STATEMENTS OF THE PREVIOUS YEAR. THE SETTLEMENT AGREEMENT AND CONSENT ORDER ESTABLISHING QUALITY TRUST CAN BE FOUND ON QT'S WEBSITE AT WWW.DCQUALITYTRUST.ORG. QUALITY TRUST'S CURRENT AND PREVIOUS FEDERAL FORM 990 CAN BE VIEWED AT WWW.GUIDESTAR.ORG.

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