



July 28, 2021

Judi's House, Inc 1741 Gaylord Street Denver, CO 80206

Judi's House, Inc:

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

# 2020 Form 990

On March 1, 2021, the IRS issued guidance on the Employee Retention Credit (ERTC) of the Coronavirus Aid, Relief and Economic Security Act (CARES Act). The guidance formalizes the preliminary guidance provided by the IRS and based on changes made to the ERTC program through the passage of the Consolidated Appropriations Act (CAA) of 2021. The guidance makes some significant changes to the rules.

Because of the new guidance, we believe it is appropriate to advise you of the possibility that your return may need to be amended at a later date if the ERTC is claimed. We prepared your return(s) with the best information available to us and with the guidance available but without the ability to assess the full impact of that interplay – thus the possibility of an amendment. In the event the return needs to be amended, it would require pass-through owners to amend their returns as well.

For more information about the ERTC and its impact please visit our website (www.wipfli.com) or contact your Wipfli Relationship Executive. Your Wipfli team can discuss this in further detail with you and we will be happy to have a conversation about the options. It has been a year of quickly changing guidance and norms, and while we are unable to control decisions made in Washington, we will work with you to obtain the best result.

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Sherri Hannaway, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990

# FOR THE YEAR ENDING

December 31, 2020

# **Prepared For:**

Judi's House, Inc 1741 Gaylord Street Denver, CO 80206

# **Prepared By:**

Wipfli LLP 14143 Denver W Pkwy #450 Lakewood, CO 80401

# Amount Due or Refund:

Not applicable

### Make Check Payable To:

Not applicable

# Mail Tax Return and Check (if applicable) To:

Not applicable

# Return Must be Mailed On or Before:

Not applicable

### **Special Instructions:**

We recommend that returns be mailed certified mail, return receipt requested with the stamp validated at a postal station in order to have proof of timely mailing.

Internal Revenue Code Section 6104(d) requires that Form 990 should be made available for public inspection during regular business hours at the organization's principal office. The return must also be available for public inspection at any regional or district offices having three or more employees. Inspection of this return must be allowed for three years from the due date specified above. The inspection requirement applies to all portions of the return except for the names and addresses of any contributors to the organization. The inspection requirement also applies to your organization's application for tax-exempt status (Form 1023 or 1024) and the Internal Revenue Service determination letter approving exempt status.

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Department of the Treasury Internal Revenue Service

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



AF	or th	e 2020 calendar year, or tax year beginning and	ending		
B C a	heck if pplicab	C Name of organization		D Employer identific	cation number
	Addre	JUDI'S HOUSE, INC			
	Name	Doing business as	84-160079	97	
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	1741 GAYLORD STREET		720-941-0	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	13,854,661.
	Amen return Applio	DERVER, CO 80200		H(a) Is this a group re	
	tion pendi	F Name and address of principal officer: O LOSICA MATILAND M	AYO	for subordinates	
		SAME AS C ABUVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) $4947(a)(1)$	or 527		list. See instructions
				H(c) Group exemption	
	orm o art l	f organization: X Corporation Trust Association Other ► Summary	<b>L</b> Year		State of legal domicile: CO
		Briefly describe the organization's mission or most significant activities: AT J	י ד חוז		TETON TE
e	1	THAT NO CHILD SHOULD BE ALONE IN GRIEF. O			
Activities & Governance	2	Check this box			
verr	3				15
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
ళ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		·····	34
itie		Total number of volunteers (estimate if necessary)		160	
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
¢)	8	Contributions and grants (Part VIII, line 1h)		4,562,644.	13,411,804.
Revenue	9	Program service revenue (Part VIII, line 2g)		500.	1,000.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,127.	3,733.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	405,400.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,564,271.	13,821,937.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,800.	2,200.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,110,681.	2,288,222.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) <b>667,9</b>		0.01.0.7.4	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		981,974.	591,850.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,101,455.	2,882,272.
	19	Revenue less expenses. Subtract line 18 from line 12		1,462,816.	10,939,665.
ts or nces				ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	······	5,728,031.	17,597,668.
Net Assets	21	Total liabilities (Part X, line 26)	·····	245,682.	1,175,654.
Z D	22 11	Net assets or fund balances. Subtract line 21 from line 20		5,482,349.	16,422,014.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Cignoture of officer			Data			
	Signature of officer			Date			
	JESSICA MAITLAND MAYO,	CEO					
	Type or print name and title						
Prin	t/Type preparer's name	Preparer's signature	Date		Check	PTIN	
SH	ERRI HANNAWAY, CPA	SHERRI HANNAWAY,	CPA 07/28				
Firm	's name 🍺 WIPFLI LLP			Firm's	s EIN ▶ 39	-0758449	9
Firm	's address 🕨 14143 DENVER W P	KWY #450					
LAKEWOOD, CO 80401 Phone no. 303.988						988.190	0
May the IRS discuss this return with the preparer shown above? See instructions 🛛 🔀 Yes 🗌 No							
32001 12-23-20LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2020)							
	SHI Firm Firm RS di	Type or print name and title Print/Type preparer's name SHERRI HANNAWAY, CPA Firm's name WIPFLI LLP Firm's address 14143 DENVER W P LAKEWOOD, CO 804 RS discuss this return with the preparer shown abo	JESSICA MAITLAND MAYO, CEO         Type or print name and title         Print/Type preparer's name         SHERRI HANNAWAY, CPA         Firm's name         WIPFLI LLP         Firm's address         14143 DENVER W PKWY #450         LAKEWOOD, CO 80401         RS discuss this return with the preparer shown above? See instructions	JESSICA MAITLAND MAYO, CEO         Type or print name and title         Print/Type preparer's name       Preparer's signature         SHERRI HANNAWAY, CPA         Firm's name       WIPFLI LLP         Firm's address       14143 DENVER W PKWY #450         LAKEWOOD, CO 80401         RS discuss this return with the preparer shown above? See instructions	JESSICA MAITLAND MAYO, CEO         Type or print name and title         Print/Type preparer's name       Preparer's signature         SHERRI HANNAWAY, CPA       Phereparer's signature         Firm's name       WIPFLI LLP         Firm's address       14143 DENVER W PKWY #450         LAKEWOOD, CO 80401       Phone         RS discuss this return with the preparer shown above? See instructions	JESSICA MAITLAND MAYO, CEO         Type or print name and title         Print/Type preparer's name       Preparer's signature         SHERRI HANNAWAY, CPA       Preparer's signature         Firm's name       WIPFLI LLP         Firm's address       14143 DENVER W PKWY #450         LAKEWOOD, CO 80401       Phone no.303.	JESSICA MAITLAND MAYO, CEO         Type or print name and title         Print/Type preparer's name       Preparer's signature         SHERRI HANNAWAY, CPA       Preparer's signature         SHERRI HANNAWAY, CPA       SHERRI HANNAWAY, CPA         Firm's name       WIPFLI LLP         Firm's address       14143 DENVER W PKWY #450         LAKEWOOD, CO 80401       Phone no. 303.988.1900         RS discuss this return with the preparer shown above? See instructions       X Yes

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) JUDI'S HOUSE, INC 84-1600797 Page
Par	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
'	AT JUDI'S HOUSE, OUR VISION IS THAT NO CHILD SHOULD BE ALONE IN GRIEF.
	OUR MISSION IS TO HELP CHILDREN AND FAMILIES GRIEVING A DEATH FIND
	CONNECTION AND HEALING.
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 \$ 1,908,558. including grants of \$ 2,200. ) (Revenue \$ 1,000.
	JUDI'S HOUSE IS THE ONLY ORGANIZATION IN METRO DENVER DEVOTED SOLELY TO
	SUPPORTING GRIEVING CHILDREN AND THEIR FAMILIES WITH RESEARCH-BASED
	CARE. SINCE ITS FOUNDING IN 2002, JUDI'S HOUSE HAS PROVIDED
	GRIEF-INFORMED CARE TO MORE THAN 10,000 BEREAVED CHILDREN AND
	CAREGIVERS-AT NO COST TO FAMILIES. JAG INSTITUTE, ALSO NAMED IN MEMORY
	OF JUDITH ANN GRIESE, IS A CENTER OF LEARNING FOCUSED ON EXTENDING THE
	REACH OF OUR GRIEF CARE MODEL THROUGH RESEARCH AND EDUCATION
	INITIATIVES.
	JUDI'S HOUSE VALUES PREVENTION AND EARLY INTERVENTION AND BELIEVES THAT
	BEREAVED CHILDREN SHOULD NOT HAVE TO WAIT UNTIL THEY HAVE A DIAGNOSABLE
	CONDITION TO HAVE ACCESS TO GRIEF SUPPORT. JUDI'S HOUSE AND JAG
	INSTITUTE PROMOTE HEALTHY ADJUSTMENT IN GRIEVING CHILDREN AND FAMILIES
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4d	Other program services (Describe on Schedule O.)
4d	(Expenses \$ including grants of \$ ) (Revenue \$ )
	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ▶ 1,908,558.
4e	(Expenses \$ including grants of \$ ) (Revenue \$ ) Total program service expenses ► 1,908,558. Form 990 (20)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ▶ 1,908,558.

Form	990	(2020)
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 Form 990 (2020)
 JUDI'S HOUSE, INC

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		
8		•		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
	as applicable.			
а	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? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
17	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,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	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		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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	990 (2020) JUDI'S HOUSE, INC 84-160	0797	Р	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
22	Did the exception report more than \$5,000 of grants or other exciptions to or far demostic individuals on		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
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
-	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
7	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
B	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	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. <u>28b</u>		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	37	X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	Х	
C	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		
2	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
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	Х	
5-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	17	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	. 55a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
7	It "res," 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	- 30		
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
-	· · · ·	38	х	
a	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1	.9		1.0
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
č	(gambling) winnings to prize winners?	1c	х	
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	4	. 5111		()
07	28 147695 502336 2020.04010 JUDI'S HOUSE, INC		50	233

Form	990 (2020) JUDI'S HOUSE, INC 84-1600	797	P	<sub>age</sub> 5
Par	TV 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 34			
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	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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
	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			
	any contributions that were not tax deductible as charitable contributions?	6a		X
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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization 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?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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 Form 990 (2020)
 JUDI'S HOUSE, INC
 84-1600797
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 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	Sontion	A Governing Redy and Management	
		Check if Schedule O contains a response or note to any line in this Part VI	

X

Sec	tion A. Governing Body and Management					
<b>A</b> -			15		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	1 13			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1		
_	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the					
			•	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•			
	The governing body?			<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					v
Sec	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>		<u> </u>	9		X
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
			, uninatoo,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	5			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," a	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					v
	taxable entity during the year?			<u>16a</u>		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orgar exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					L
17	List the states with which a copy of this Form 990 is required to be filed <b>CO</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (Section 501(c)(3)	s only)	availa	ble
-	for public inspection. Indicate how you made these available. Check all that apply.		(10)(0)(	,)		-
	X Own website X Another's website X Upon request Other <i>(explain</i>	n on Sa	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	l finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records			
	THE ORGANIZATION - 720-941-0331					
	1741 GAYLORD STREET, DENVER, CO 80206					
032006	12-23-20			Form	990	(2020)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization's	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)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yolqr	t con /ee				organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JESSICA MAYO	40.00	_	-			1 0				
CEO				x				141,549.	0.	0.
(2) LAURA LANDRY	40.00									
DIRECTOR OF EVALUATION & R				x				116,490.	0.	0.
(3) MICHAELEEN BURNS	40.00									
CHIEF CLINICAL OFFICER				Х				116,096.	0.	0.
(4) PRANAV SHRESTHA	40.00									
IT MANAGER						X		111,015.	0.	0.
(5) BRIAN GRIESE	10.00									
CHAIRMAN		Х		Х				0.	0.	0.
(6) ROBERT J CLARK	2.00									
DIRECTOR		Х						0.	0.	0.
(7) MELISSA CORRADO-HARRISON	2.00									
DIRECTOR		Х						0.	0.	0.
(8) PHIL HICKS	2.00									
DIRECTOR		Х						0.	0.	0.
(9) KASIA IWANICKZO MACLEOD	2.00									
DIRECTOR		Х						0.	0.	0.
(10) DAVID PALMER	2.00									
DIRECTOR		Х						0.	0.	0.
(11) LEM SMITH	2.00								0	
DIRECTOR		Х						0.	0.	0.
(12) AL TROPPMANN	2.00								0	
DIRECTOR	0.00	X						0.	0.	0.
(13) JOHN D WICKLIFF	2.00	37							0	
DIRECTOR	2 00	Х						0.	0.	0.
(14) BROOK GRIESE PHD	2.00			x				0.	0.	0.
DIRECTOR (15) A. LEROY GARCIA	2.00			<u> </u>		-		0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(16) MIMI ROBINSON	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(17) AMIT SHAH	2.00	- 23						0.	0.	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
032007 12-23-20	1		I	1	I	1	1		0.	Form <b>990</b> (2020)

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Form 990 (2020) JUDI'S HO	DUSE, IN	IC							84-16	5007	797	Pa	ige <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C Posi				(D)	(E)			(F)	
Name and title	Average hours per		not c	heck r	more	than c s both		Reportable compensation	Reportable compensation	,		imate ount c	
	week					r/trust		from	from related	'		other	,
	(list any	ector						the	organizations		comp	ensat	ion
	hours for related	or dir	ee			ated		organization	(W-2/1099-MIS	C)		om the	
	organizations	rustee	al trust		/ee	mpens		(W-2/1099-MISC)			•	nizatio relate	
	below	Individual trustee or director	Institutional trustee	er	ƙey employee	Highest compensated employee	ıer					nizatio	
	line)	Indiv	Insti	Officer	Key e	High emp	Former						
(18) ANA LAZO TENZER	2.00							0					0
DIRECTOR (19) KATE BARTON	2.00	X						0.		0.			0.
DIRECTOR	2.00	x						0.		0.			0.
(20) MATT TEETERS	2.00												
DIRECTOR		x						0.		0.			0.
		1											
							_	485,150.		0.			0.
1b Subtotal c Total from continuation sheets to Part VI								405,150.		0.			0.
d Total (add lines 1b and 1c)								485,150.		0.			0.
2 Total number of individuals (including but n							o re	,	000 of reportable				
compensation from the organization													4
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	-		-	•	-		Ŭ						37
line 1a? If "Yes," complete Schedule J for s											3		Χ
4 For any individual listed on line 1a, is the su										- 1	4		х
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>										····	4		
rendered to the organization? If "Yes, " com	-				-			-		[	5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensati	ion froi	m	
the organization. Report compensation for	he calendar ye	ear e	endir	ng w	ith c	or wit	hin T		ear.				
(A) Name and business	address	NC	ONE	7				<b>(B)</b> Description of s	ervices	C	( <b>C</b> ) cmpen		1
		INC		-			$\neg$						
2 Total number of independent contractors (in	ncluding but no	ot lin	nitec	d to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation 🕨				C	)							

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Part VIII         Statement of Revenue         (A)         (B)         (C)         (D)           1 a Federated compaging         1a         6,000         (C)         (D)         (D) <th></th> <th></th> <th></th> <th></th> <th></th> <th>HOUS</th> <th>E,</th> <th>INC</th> <th></th> <th></th> <th>84-1600</th> <th>797 Page 9</th>						HOUS	E,	INC			84-1600	797 Page 9
Building of the second of the secon	Pa	rt \	/111									
Total revonue     Predict or exempt Unction revenue     Unction revenue     Predict exempt Unction revenue       1 a b Montorship design events c e c e d d d d d d d d d d d d d d d d				Check if Schedule O c	contain	s a respo	nse	or note to any lin		(B)	(C)	
Sections 5/2 - 5/4           Sections 5/2 - 5/4           Descriptions 6/2 - 5/4           Description 6/2 - 5/4									. ,	Related or exempt	Unrelated	Revenue excluded
Best         1 a         Federated campaigns         1 a         6         0.0           b         Membarship daes         1 a         6         0.0         0<										function revenue	business revenue	
B         Membership dues         ID         Id           0         Pelated organizations         Id         Id         Id           10         Id         Id         Id         Id         Id           10         Id         Id         Id         Id         Id         Id           10         Id         Id         Id         Id         Id         Id           11         Id         Id         Id         Id         Id         Id           11         Id         Id         Id         Id         Id         Id           11         Id         Id         Id         Id         Id         Id         Id           11         Id         Id <tdid< td=""><td>ς Ω</td><td>1</td><td>а</td><td>Federated campaigns</td><td></td><td>1a</td><td></td><td>6,080.</td><td></td><td></td><td></td><td></td></tdid<>	ς Ω	1	а	Federated campaigns		1a		6,080.				
Busines Cole         Image: Cole	rant											
Busines Cole         Image: Cole	, Gi							407,348.				
Busines Cole         Image: Cole	ar A											
Busines Cole         Image: Cole	is, 0 imil		е	Government grants (contri	ibution	s) <b>1e</b>						
Busines Cole         Image: Cole	tion sr S		f	All other contributions, gifts,	grants,	and						
Busines Cole         Image: Cole	ibu			similar amounts not included	above							
Busines Cole         Image: Cole	ontr od C		-						12 414 004			
2 a         TRAINING INTILATIVE         611710         1,000.         1,000.           a	a C		h	Total. Add lines 1a-1f				1	13,411,804.			
Served       - </td <td></td> <td></td> <td>_</td> <td>ΠΟΛΤΝΙΝΟ ΤΝΙΠΤΛΠΙΟ</td> <td></td> <td></td> <td></td> <td></td> <td>1 000</td> <td>1 000</td> <td></td> <td></td>			_	ΠΟΛΤΝΙΝΟ ΤΝΙΠΤΛΠΙΟ					1 000	1 000		
a       Total. Add lines 2a.21       1,000.         a       Investment income (including dividends, interest, and dinterest, and dividends, interest, and dividen	/ice	2						811/10	1,000.	1,000.		
a       Total. Add lines 2a.21       1,000.         a       Investment income (including dividends, interest, and dinterest, and dividends, interest, and dividen	Serv											
a       Total. Add lines 2a.21       1,000.         a       Investment income (including dividends, interest, and dinterest, and dividends, interest, and dividen	wer ver											
a       Total. Add lines 2a.21       1,000.         a       Investment income (including dividends, interest, and dinterest, and dividends, interest, and dividen	gra Re		e									
g Total. Add lines 2a:21       1,000.         3       Investment income (including dividends, interest, and other similar amounts)       3,733.         4       Income from investment of tax exempt bond proceeds          5       Royatties          6 a       Gross rents       6a         7 a       Gross amount from seles of assets other than income or (loss)          7 a       (i) Securities          b Less: cost or other basis and seles express       7b          c Gain or (loss)       7c           a dise express       7b           b Less: circe torbus tis (not including events (not including events)       0.	Pro		f	All other program service	revenu	е						
3       Investment income (including dividends, interest, and other similar amounts)       3,733.       3,733.         4       Income from investment of tax exempt bond proceeds           5       Royatties           6 a       Gross rents       Ga       (i) Personal          6 b             0       Less: rental expenses       Gb           0       Ret rental income or (loss)            7 a       Gross anount from sales of asses other than inventory tag in or (loss)            0       Less: cost or other basis and sales separses       7b            a date superses       7b              0       He gian or (loss)               8 a       Gross income from fundraising events (not including \$ 407,248. of core or (loss) from fundraising events       0.            9 a       Gross income from gaming activities        0.            9 a       Gross income or (loss) from fundraising events        <									1,000.			
4       Income from investment of tax-exempt bond proceeds         5       Royatties         6       Gross rents         6       Go         0       Bess: rental expenses         6       Go         0       Rental income or (loss)         7       Gross anoult from sales of         7       Gross anoult from sales of         7       Gross anoult from sales of         6       Image: Control of tax exempt bond proceeds         7       Gross anoult from sales of         7       Gross anoult from sales of         7       Gross anoult from sales of         7       Gross income from fundraising events (not including \$		3										
5       Royatties       6a       (i) Real       (ii) Personal         6 a       Gross rents       6a       6a       (iii) Personal         b       Less: rental expenses       6a       (ii) Personal       (iii) Personal         c       Rental income or (loss)       6c       (iii) Personal       (iii) Personal         d       Net rental income or (loss)       (iii) Other       (iiii) Personal       (iiii) Personal         7       Gross amount from sales of assets other than inventory       7a       (iii) Other       (iii) Personal         b       Less: cost or other basis       7b       (iii) Other       (iii) Other         assets other than inventory       7a       (iii) Other       (iiii) Personal       (iiii) Personal         b       Less: cost or other basis       7b       (iiii) Other       (iiiiii) Personal       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				other similar amounts)				►	3,733.			3,733.
6 a Gross rents		4		Income from investment o	of tax-ex	xempt bo	nd p	roceeds				
6 a Gross rents       6a       b         b Less: rental expenses       6b       b         c Rental income or (loss)       b       b         d Net rental income or (loss)       b       b         7 a Gross amount from sales of assets other than inventory       b       b         y b Less: cost or other basis and sales expenses       7b       c         a Gross income from fundrasing events (not including \$7345. of contributions reported on line 1c). See       p         g a Gross income from fundrasing events       0.       0         9 a Gross income from gaming activities. See       ga       32,724.         b Less: direct expenses       bb       32,724.         b Less: direct expenses       bb       32,724.         b Less: direct expenses       bb       32,724.         c Net income or (loss) from fundrasing events       0.       0.         9 a Gross income from gaming activities. See       ga       ga         9 a Gross income from gaming activities. See       ga       ga         9 a Gross income or (loss) from gaming activities       intertor or tother tone or (loss) from sales of inventory.       inventory         10 a Gross sales of inventory.       inventory       inventory       inventory         and allowances       inventory <td></td> <td>5</td> <td></td> <td>Royalties</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		5		Royalties								
b       Less: rental expenses       6b						(i) Rea		(ii) Personal				
c       Rental income or (loss)       Gc       Image: constraint of the second seco		6										
d       Net rental income or (loss)       i) Securities       ii) Other         7 a       Gross amount from sales of assets other than inventory       iii) Securities       iii) Other         b       Less: cost of other basis       additional and the same of												
7 a Gross amount from sales of assets other than inventory       7a       (i) Other         7a Gross amount from sales of assets other than inventory       7a       7a         90       C Gain or (loss)       7b       7c         7a Gross anome from fundraising events (not including \$\$					· · · ·							
assets other than inventory b       Ta       Ta         y       Less: cost or other basis and sales expenses       Ta         assets other than inventory b       Less: cost or other basis and sales expenses       Ta         c       Gain or (loss)       Tc         d       Net gain or (loss)       Tc         assets other than inventory c       Gain or (loss)       Tc         B a       Gross income from fundraising events (not including \$407, 348. of contributions reported on line 1c). See Part IV, line 18       Ba         9 a       Gross income from gaming activities. See Part IV, line 19       0.         9 a       Gross sincome from gaming activities       0.         9 a       Gross sales of inventory, less returns and allowances       10a         10 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory          b		-										
B       Less: cost or other basis and sales expenses       Tb         c       Gain or (loss)       Tc         d       Net gain or (loss)       Net gain or (loss)         d       Second form fundraising events (not including \$07, 348 of contributions reported on line 1c). See Part IV, line 18       Second form fundraising events         b       Less: direct expenses       Second form fundraising events       0.         9 a       Gross income from gaming activities. See Part IV, line 19       Second form gaming activities       0.         9 a       Gross sales of inventory, less returns and allowances       Second form gaming activities       0.         10 a       Gross sales of inventory, less returns and allowances       Ioa       Ioa         b       Less: cost of goods sold       Ioa       Ioa         c       Net income or (loss) from sales of inventory       Escond form gaming activities       Ioa         b       Less: cost of goods sold       Ioa       Ioa       Ioa         c       Method for evenue       Ioa       Ioa       Ioa <td></td> <td>· '</td> <td>а</td> <td></td> <td></td> <td></td> <td>103</td> <td></td> <td></td> <td></td> <td></td> <td></td>		· '	а				103					
and sales expenses       7b         c       Gain or (loss)       7c         d       Net gain or (loss)       7c         d       Net gain or (loss)       >         o       Contributions reported on line 1c). See       Ba         Part IV, line 18       Ba       32,724.         b       Less: direct expenses       Bb         o       Se Part IV, line 19       Se         ga       Gross sincome from gaming activities. See       Se         Part IV, line 19       Se       Se         b       Less: direct expenses       Se         o       Se Gross sincome from gaming activities          10       a Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b          c       Net income or (loss) from sales of inventory          b			h		14							
c       Gain or (loss)       Tc       Image: Trop of the transmission of transmissin transmissin transmission of transmissin transmissic transmissi	е		~		7b							
d       Net gain or (loss)       ▶       ▶         8 a       Gross income from fundraising events (not including \$407,348of contributions reported on line 1c). See       >       >         Part IV, line 18       Ba       32,724.       >       >         b       Less: direct expenses       Bb       32,724.       >       >         9 a       Gross income or (loss) from fundraising events       >       0.       >       >         9 a       Gross income from gaming activities. See       >       0.       >       >       >         9 a       Gross sales of inventory, less returns and allowances       9a       >	ent		с									
contributions reported on line 1c). See       Ba       32,724.         b       Less: direct expenses       Bb       32,724.         c       Net income or (loss) from fundraising events       0.       0.         9 a       Gross income from gaming activities. See       9a       0.       0.         9 a       Gross income from gaming activities. See       9a       0.       0.         9 a       Gross income from gaming activities. See       9a       0.       0.         0 a       Gross sales of inventory, less returns and allowances       10a       0.       0.         10 a       Gross sales of inventory, less returns and allowances       10a       0.       0.         b       Less: cost of goods sold       10b       0.       0.         c       Net income or (loss) from sales of inventory        0.       0.         c       It a       PPP LOAN FORGIVEN       Business Code       0.       0.         b					· · · ·			<b>&gt;</b>				
contributions reported on line 1c). See       Ba       32,724.         b       Less: direct expenses       Bb       32,724.         c       Net income or (loss) from fundraising events       0.       0.         9 a       Gross income from gaming activities. See       9a       0.       0.         9 a       Gross income from gaming activities. See       9a       0.       0.         9 a       Gross income from gaming activities. See       9a       0.       0.         0 a       Gross sales of inventory, less returns and allowances       10a       0.       0.         10 a       Gross sales of inventory, less returns and allowances       10a       0.       0.         b       Less: cost of goods sold       10b       0.       0.         c       Net income or (loss) from sales of inventory        0.       0.         c       It a       PPP LOAN FORGIVEN       Business Code       0.       0.         b	ler	8	а	Gross income from fundraisir	ng event	ts (not						
Part IV, line 18 8a 32,724.   b Less: direct expenses 8b   c Net income or (loss) from fundraising events 0.   9 a Gross income from gaming activities. See 9a   Part IV, line 19 9a   b Less: direct expenses   part IV, line 19 9a   b Less: direct expenses   part IV, line 19 9a   b Less: direct expenses   part IV, line 19 9a   b Less: direct expenses   part IV, line 19 9a   b Less: direct expenses   part IV, line 19 9a   part IV, line 19 9b   c c   c d   d All other revenue   e Total revenue. See instructions   part I1 13,821,937.   405,400. 0.   3,733.	đ			including \$	407,34	<sup>48</sup> . of						
b       Less: direct expenses       Bb       32,724.         c       Net income or (loss) from fundraising events       0.       0.         9       Gross income from gaming activities. See Part IV, line 19       9a       9a         b       Less: direct expenses       9b       0.         c       Net income or (loss) from gaming activities       0.         c       Net income or (loss) from gaming activities       0.         10       a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b       0.         c       Net income or (loss) from sales of inventory       Net income or (loss) from sales of inventory         b       Ess: cost of goods sold       10b         c       Met income or (loss) from sales of inventory       Net income or (loss) from sales of inventory         c       Met income or (loss) from sales of inventory       Net income or (loss) from sales of inventory         d       All other revenue       0       0         e       Total. Add lines 11a-11d       405,400.       0         12       Total revenue. See instructions       13,821,937.       406,400.       0.				contributions reported on	line 1c	). See						
c       Net income or (loss) from fundraising events       ●       0.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9b         b       Less: direct expenses       9b       0.         c       Net income or (loss) from gaming activities       ●       0.         10 a       Gross sales of inventory, less returns and allowances       10a       0.         b       Less: cost of goods sold       10b       0.         c       Net income or (loss) from sales of inventory       ●       0.         some       10a       10b       0.       0.         c       Net income or (loss) from sales of inventory       ●       0.       0.         some       405,400.       405,400.       0.       0.         some       405,400.       0.       3,733.				Part IV, line 18			8a	,				
9 a Gross income from gaming activities. See   Part IV, line 19   b   b   Less: direct expenses   9b   c   10 a   Gross sales of inventory, less returns   and allowances   10 a   b   Less: cost of goods sold   10 b   c   Net income or (loss) from sales of inventory   b   Less: cost of goods sold   10a   b   Less: cost of goods sold   10b   c   Net income or (loss) from sales of inventory   b   Less: cost of goods sold   10a   b   Less: cost of goods sold   10b   c   d   d   All other revenue   e   Total revenue. See instructions   12   Total revenue. See instructions								32,724.				
Part IV, line 19 9a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   b Less: cost of goods sold   10 a PPP LOAN FORGIVEN   b Business Code   c 405,400.   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions						-		<b>&gt;</b>	0.			
b Less: direct expenses 9b   c Net income or (loss) from gaming activities   10 a   Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions		9	а									
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   11 a PPP LOAN FORGIVEN   b Gross sales of inventory   c 405,400.   d All other revenue   e Total revenue. See instructions     12 Total revenue. See instructions			<b>۲</b>									
10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   I1 a PPP LOAN FORGIVEN   b c c d All other revenue   c Total. Add lines 11a-11d   12 Total revenue. See instructions								<b></b>				
and allowances 10a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   11 a PPP LOAN FORGIVEN   b G   c 405,400.   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions		10										
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory			-				10a					
Business Code       Business Code         11 a       PPP LOAN FORGIVEN       Business Code         b       405,400.       0         c       405,400.       0         d All other revenue       405,400.       0         e       Total. Add lines 11a-11d       405,400.       0.         12       Total revenue. See instructions       13,821,937.       406,400.       0.       3,733.			b									
Business Code       Image: Code       Image: Code         11 a       PPP LOAN FORGIVEN       405,400.       405,400.         b       405,400.       405,400.       1000000000000000000000000000000000000												
e Total. Add lines 11a-11d       ▲ 405,400.         12 Total revenue. See instructions       ▶ 13,821,937.       406,400.       0.       3,733.												
e Total. Add lines 11a-11d       ▲ 405,400.         12 Total revenue. See instructions       ▶ 13,821,937.       406,400.       0.       3,733.	iou:	11	а	PPP LOAN FORGIVEN					405,400.	405,400.		
e Total. Add lines 11a-11d       ▲ 405,400.         12 Total revenue. See instructions       ▶ 13,821,937.       406,400.       0.       3,733.	ane		b								ļ	
e Total. Add lines 11a-11d       ▲ 405,400.         12 Total revenue. See instructions       ▶ 13,821,937.       406,400.       0.       3,733.	cell }eve		-									
e Total. Add lines 11a-11d       ▲ 405,400.         12 Total revenue. See instructions       ▶ 13,821,937.       406,400.       0.       3,733.	Mis								405 405			
									,	406 400	0	3 733
	00000				JIIS			<b>P</b>	1,021,93/.	400,400.	I 0.	

032009 12-23-20

2020.04010 JUDI'S HOUSE, INC

Check here

DONATED GOODS

All other expenses

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.)

RESEARCH AND EVALUATION

FACILITY REPAIRS AND MA

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

BANK AND OTHER FINANCE

24

а

b

С

d

е

032010 12-23-20

25 26

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses
1	Grants and other assistance to domestic organizations			
	and domestic governments. See Part IV, line 21	2,200.	2,200.	
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	524,951.	346,467.	57,745.
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	1,394,610.	920,443.	153,407.
8	Pension plan accruals and contributions (include			
	section 401(k) and 403(b) employer contributions)			
9	Other employee benefits			
10	Payroll taxes	368,661.	243,316.	40,553.
11	Fees for services (nonemployees):			
а	Management			
b	Legal			
с	Accounting			
d	Lobbying			
е	Professional fundraising services. See Part IV, line 17			
f	Investment management fees			
g	Other. (If line 11g amount exceeds 10% of line 25,			
	column (A) amount, list line 11g expenses on Sch 0.)	116,918.	39,316.	20,816.
12	Advertising and promotion	14,814.	815.	
13	Office expenses	81,511.	55,594.	8,665.
14	Information technology	14,181.	11,804.	987.
15	Royalties			
16	Occupancy			
17	Travel			
18	Payments of travel or entertainment expenses			
	for any federal, state, or local public officials $\dots$			
19	Conferences, conventions, and meetings	4,361.	1,883.	384.
20	Interest			
21	Payments to affiliates			
22	Depreciation, depletion, and amortization	67,397.	56,613.	4,718.
23	Insurance	24,962.	16,475.	2,746.

84,471.

52,561.

26,073.

22,083.

82,518.

2,882,272.

#### JUDI'S HOUSE INC Part IX Statement of Functional Expenses

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

Form 990 (2020)

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

1,302.

5,294.

8,472.

305,779.

690.

**(D)** Fundraising

expenses

120,739.

320,760.

84,792.

56,786.

13,999.

17,252.

1,390.

2,094.

6,066.

5,741.

1,674.

5,252.

17,950.

13,440.

667,935.

Form 990 (2020)

84,471.

49,585.

11,537.

60,606.

1,908,558.

7,433.

11550728 147695 502336

502336\_1

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			475.	1	476.
	2	Savings and temporary cash investments			2,115,664.	2	2,630,957.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			265,000.	4	1,746,666.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges			33,889.	9	43,944.
	10a	Land, buildings, and equipment: cost or other					
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	3,825,799.			
	b	Less: accumulated depreciation	10b	529,225.	2,127,962.	10c	3,296,574.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	1,185,041.	15	9,879,051.		
	16	Total assets. Add lines 1 through 15 (must equa		1	5,728,031.	16	17,597,668.
	17	Accounts payable and accrued expenses	79,813.	17	181,155.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lab		controlled entity or family member of any of thes				22	0 170
-	23	Secured mortgages and notes payable to unrela		L L L L L L L L L L L L L L L L L L L	7,774.	23	8,179.
	24	Unsecured notes and loans payable to unrelated	-			24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	-		150 005		006 220
		of Schedule D			158,095.		986,320.
	26	Total liabilities. Add lines 17 through 25			245,682.	26	1,175,654.
s		Organizations that follow FASB ASC 958, che	CK nere				
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			3,504,764.	27	4,284,628.
ala	27				1,977,585.	27	12,137,386.
Вр	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 99			1,511,505.	20	12,137,300.
n I		and complete lines 29 through 33.	50, CHE				
r S	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
JSS	31	Retained earnings, endowment, accumulated inc				31	
let /	32	Total net assets or fund balances			5,482,349.	32	16,422,014.
z					5,728,031.	33	17,597,668.
	33	Total liabilities and net assets/fund balances		1	J,/40.031 ·	.4.4	

11

Form 990 (2020)

JUDI'S HOUSE, INC Part X Balance Sheet

	JUDI'S HOUSE, INC	84-16	00797	Page <b>12</b>			
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	13,821	.,937.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,882	,272.			
3	Revenue less expenses. Subtract line 2 from line 1	3	10,939	,665.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,482	,349.			
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	16,422	,014.			
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	0.					
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			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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?		3a	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	<b>990</b> (2020)			

Form **990** (2020)

032012 12-23-20

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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Т

Nan	ne o	of t	he organization							identification number		
<b>D</b> -			JUDI	'S HOUSE, I	INC					4-1600797		
Pa	π	I	Reason for Public (	Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	org		zation is not a private found		<b>e</b> .		,					
1			A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	l)(A)(i).				
2			A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3			A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4			A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
			city, and state:									
5			An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
			section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6			A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	<u> </u>	An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	public described in		
			section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8			A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)						
9			An agricultural research org				ed in conju	inction with a	land-grant	college		
			or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
			university:									
10			An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
			activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
			income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ifter June 30, 1975.		
			See section 509(a)(2). (Cor	mplete Part III.)								
11			An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).				
12			An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purposes of one or		
			more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section &	509(a)(3).	Check the box in		
			lines 12a through 12d that	- describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а	[		] Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving		
			the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting		
			organization. You must c	omplete Part IV, Se	ctions A and B.							
b	[		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ving		
			control or management o	-				•		•		
			organization(s). You mus									
с	[		] Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,		
			its supported organization						, 0	,		
d	[		] Type III non-functionally		-				ted organiz	zation(s)		
			that is not functionally int						-			
			requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v.				
е	[		Check this box if the orga	-					II, Type III			
			functionally integrated, or									
f	Е	nte										
g	Ρ	rov	ide the following information	about the supporte	d organization(s).							
		(i	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other		
			organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Tota	al											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

2020.04010 JUDI'S HOUSE, INC

# Schedule A (Form 990 or 990 EZ) 2020 JUDI'S HOUSE, INC

84-1600797 Page 2

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	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2953037.	2962456.	3143402.	4562615.	13411804.	27033314.			
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	0050007	2062456	2142400		12411004	07022214			
	Total. Add lines 1 through 3	2953037.	2962456.	3143402.	4562615.	13411804.	27033314.			
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,						7176765			
•	column (f)						<u>7176765.</u> 19856549.			
	Public support. Subtract line 5 from line 4.						μ9050549.			
		(a) 2016	(h) 2017	(a) 2018	(4) 2010	(a) 2020	(f) Total			
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2016 2953037.	(b) 2017 2962456.	(c) 2018 3143402.	(d) 2019 4562615	(e)2020 13411804.				
	Gross income from interest,	2555057.	25024500	5145402.	4302013.	19411004.	27033314.			
0	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	807.	979.	876.	1,127.	3,733.	7,522.			
9	Net income from unrelated business		5,50	0,00		577550	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
5	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	<b>Total support.</b> Add lines 7 through 10						27040836.			
	Gross receipts from related activities,	etc. (see instructio	ons)		•	12				
	First 5 years. If the Form 990 is for th	,	,			01(c)(3)				
	organization, check this box and <b>stop</b>	•		-						
Sec	ction C. Computation of Publi									
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	73.43 %			
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	87.10 %			
<b>16</b> a	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and									
	stop here. The organization qualifies as a publicly supported organization									
b	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 qual	ifies as a publicly s	supported organiza	ation			▶∟			
<b>1</b> 7a	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 test. The organization qualifies as a publicly supported organization									
b	b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the									
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b						
					Sche	edule A (Form 990	) or 990-EZ) 2020			

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 JUDI'S HOUSE, 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.)

Section A. Public Support						
Calendar 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						
<b>3</b> 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		<u> </u>				
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons <b>b</b> Amounts included on lines 2 and 3 received		<u> </u>				
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	) (f) Total
9 Amounts from line 6			(-,			
<b>10a</b> 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		1				
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2020 (	line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	stment Income	Percentage				
17 Investment income percentage for 2					17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2020. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than :	33 1/3%, and	line 17 is not
more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organization	ation	▶∟
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, che	eck this box and st	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organiza	ation ►
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			
032023 01-25-21		15	5	Sch	nedule A (For	m 990 or 990-EZ) 2020

2020.04010 JUDI'S HOUSE, INC

1

Yes No

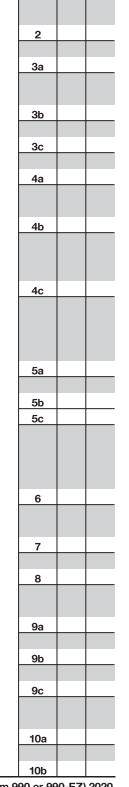
# Part IV Supporting Organizations

(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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Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily 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			
		in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	more direct <i>effect</i>	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>hization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	0	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part	$ extsf{VI}$ how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations		<b></b>	
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the su	upported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	Ũ	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	Ũ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
-		rganization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	-	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	0		
Sec	suppo	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		L
1 a	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.			

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c 🗋		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions	;)	_
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17

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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.** 

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.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

2020.04010 JUDI'S HOUSE, INC

Yes No

Schedule A	(Form 990 or 990-EZ) 2020	JUDI'S	HOUSE,	INC
Part V	Type III Non-Function	onally Integ	grated 509(	a)(3) Supporting Organizations

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

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

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

032026 01-25-21

Par	t v   Type III Non-Functionally Integrated 509(	allo Supporting Orga	nizations (continued)	1
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	es of supported organizations	3 <b>3</b>	
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	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
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			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	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, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Part VI Supplemental Information	
Schedule A (Form 990 or 990-EZ) 2020 JUDI'S HOUSE, IN	IC

	Supplemental Information. Provide the exp Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a line 1; Part IV, Section D, lines 2 and 3; Part IV, Sect Section D, lines 5, 6, and 8; and Part V, Section E, lin (See instructions.)	a, 9b, 9c, 11a, 11b, and 11c; ion E. lines 1c, 2a, 2b, 3a, an	Part IV, Section B, lines 1 and 2; Part IV, Section C, d 3b; Part V, line 1; Part V, Section B, line 1e; Part V.
2028 01-25-2	21		Schedule A (Form 990 or 990-EZ) 2
		20	

# Schedule B

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

Name of the organization

Organization type (check one):

# \*\* 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

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тапт	'S	HOUSE,	INC
OODT		пооры,	TIC

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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  $\dots$  b \$

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

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

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

Name of organization

# JUDI'S HOUSE, INC

Employer identification number

84-1600797

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
<u>    1</u>		\$4,994,216.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
3		\$ <u>505,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
4	Name, address, and ZIP + 4	Total contributions           \$350,000.	Type of contribution         Person       X         Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll O Noncash O (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)			

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

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

Page **3** 

Employer identification number

84-1600797

# JUDI'S HOUSE, INC

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

# 11550728 147695 502336

2020.04010 JUDI'S HOUSE, INC

23

Name of o	organization		Employer identification number
י דמווד.	S HOUSE, INC		84-1600797
Part III	Exclusively religious, charitable, etc., contribut	tions to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or I	ry. For organizations ess for the year. (Enter this info. once.) \$
	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			[
		(e) Transfer of gift	I
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			÷
(a) No. from	(b) Purpose of gift	(a) Liop of gift	(d) Description of how sift is hold
Part I		(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			÷
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd <b>7</b> ID + 4	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			[
		(e) Transfer of gift	
	Transferee's name, address, a	and $\mathbf{7ID} \pm 1$	Relationship of transferor to transferee
023454 11-25	5-20		Schedule B (Form 990, 990-EZ, or 990-PF) (202
20101 11-20		24	Generate 5 (1 0111 350, 350-L2, 01 330-FF) (202

# 11550728 147695 502336

2020.04010 JUDI'S HOUSE, INC

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1	545-0047
(For	n 990)	Complete if the org	anization answered "Yes" on Form 990,		20	20
	ment of the Treasury		), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.			Public
	I Revenue Service		90 for instructions and the latest information		Inspect	
Nam	e of the organization	JUDI'S HOUSE, INC		Em	nployer identificatio 84-16005	
Pa	rt I Organiza		d Funds or Other Similar Funds or	Accou		
		n answered "Yes" on Form 990, Part IV, lin			o o n piete in t	
		, , ,	(a) Donor advised funds	<b>(b)</b> Fu	nds and other accou	unts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4	Aggregate value at	t end of year				
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advised for	unds		
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes	No No
6	•	<b>C</b>	advisors in writing that grant funds can be used	-		
			or donor advisor, or for any other purpose conf	0		
Do						No
1		servation easements held by the organization	ganization answered "Yes" on Form 990, Part	IV, line /	· .	
	Protection o	n of land for public use (for example, recrea If natural habitat n of open space	Preservation of a co	ertified h		
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribution in the form of a	conserva		
	day of the tax year				Held at the End of t	he Tax Year
а						
b	Ũ					
c			ucture included in (a)	. <u>2c</u>		
a			after 7/25/06, and not on a historic structure			
2			logged extinguished or terminated by the ora		•	
3	year	, ,	leased, extinguished, or terminated by the org	anization	i duning the tax	
4		where property subject to conservation eas	sement is located			
5	Does the organizat	tion have a written policy regarding the per	riodic monitoring, inspection, handling of			
	violations, and enf	orcement of the conservation easements it	t holds?		Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva			ear
7	Amount of expens	es incurred in monitoring, inspecting, hanc	dling of violations, and enforcing conservation	easemer	nts during the year	
	\$					
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)	(B)(i)		
	and section 170(h)	)(4)(B)(ii)?			Yes	No
9		-	on easements in its revenue and expense stat			
			note to the organization's financial statements	that des	scribes the	
De		ounting for conservation easements.	f Art Historical Traccurse or Other	Cimila	or Accorto	
Pa		-	f Art, Historical Treasures, or Other	Simila	ar Assets.	
		f the organization answered "Yes" on Form				
та	0		58, not to report in its revenue statement and b			
	or art, mistorical tre	casures, or other similar assets held for put	blic exhibition, education, or research in furthe	rance of	μαριιο	

service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

### b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$

			-	 	
b	Assets included in Form 990, Part X		\$		
а	Revenue included on Form 990, Part VIII, line 1		\$_		
	the following amounts required to be reported under FASB ASC 958 relating to these items:				
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	le		
	(ii) Assets included in Form 990, Part X		\$		
	· · · · · · · · · · · · · · · · · · ·	-			_

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

Schedule D (Form 990) 2020

032051 12-01-20

11550728 147695 502336

25 2020.04010 JUDI'S HOUSE, INC \_\_\_\_

Sche		HOUSE, INC					84-16			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	l Treasures, o	r Other	<sup>.</sup> Similar	<sup>r</sup> Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any o	f the following tha	t make si	gnificant u	ise of its		,	
	collection items (check all that apply):									
а	Public exhibition	c	l 🗌 Loan d	or exchange progr	am					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they fur	her the organization	on's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, historica	l treasures, or oth	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orgar	ization answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
<b>1</b> a	Is the organization an agent, trustee, custodi						_	_		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amount		
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
f Or	Ending balance							Yes		1
	Did the organization include an amount on Fe If "Yes," explain the arrangement in Part XIII.					LY ?	L			<b>∣No</b> ∣
Par						0				<u></u>
		(a) Current year	(b) Prior ye		T	(d) Three y	ears back	(e) Four	vears	hack
1a	Beginning of year balance	(u) ourient you			ITO DUON		ouro buon		youro	Suon
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, colu	mn (a)) held as:	•					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	_%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are h	eld and administe	red for th	e organiza	ation	_		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization			e R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or c basis (investr		Cost or other	1	ccumulate	d	(d) Book	value	÷
			,	basis (other)	dep	oreciation		1 075		70
	Land			<u>,875,779.</u> ,540,449.	-	250 00		<u>1,875</u> 1,181	2	13.
b	Buildings		<u>_</u>	, 340, 449.		359,09	7 4 •	1,101	., 5:	
	Leasehold improvements			213,966.	1	L70,13	21	13	01	25
	Equipment			195,605.		L/U, L.	• •	195		<u>35.</u> 15
	Other				1			3,296		
Iota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, column (B),</u>	line 10c.)				5,290	, , , ,	/ ** •

Schedule D (Form 990) 2020

# Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

### Part VIII Investments - Program Related.

Complete 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 value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

# Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	500.
(2) RESTRICTED CASH, CAPITAL CAMPAIGN	7,364,802.
(3) PLEDGES RECEIVABLE, CAPITAL CAMPAIGN	2,513,749.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	▶ 9,879,051.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, li	ne 25.
1.     (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTE PAYABLE	986,320.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(8)	▶ 986,320.

Lotal. (Column (b) must equal Form 990, Part X, col. (b) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

Sche	dule D (Form 990) 2020 JUDI'S HOUSE, INC			84-	1600797 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	14,052,411.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		21,484.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		208,990.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	230,474.
3	Subtract line 2e from line 1			3	13,821,937.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	13,821,937.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	2,901,556.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	21,484.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	21,484.
3	Subtract line 2e from line 1			3	2,880,072.
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	4a			
b	Other (Describe in Part XIII.)	4b	2,200.		
	Add lines 4a and 4b			4c	2,200.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,882,272.
Pa	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV lines 1h	and 2h <sup>.</sup> Part V line 4	·Part	X line 2. Part XI

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 XI, LINE 2D - OTHER ADJUSTMENTS:

# CONSOLIDATED INCOME INCLUDED ON JUDITH ANN GRIESE ENDOWMENT

76-0723517	211,190.
RECLASSIFIED GRANT EXPENSE	-2,200.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	208,990.

# PART XII, LINE 4B - OTHER ADJUSTMENTS:

# CONSOLIDATED EXPENSE GRANT TO JUDITH ANN GRIESE ENDOWMENT

# 76-0723517

2,200.

032054 12-01-20

Fart Ail Supplemental Information (continued)	
	Schedule D (Form 990) 2020

032055 12-01-20

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SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						rities	OMB No. 1545-0047		
(Form 990 or 990-EZ)	C) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							or if the	2020	
Department of the Treasury	Attach to Form 000 or Form 000 EZ								Open to Public	
Internal Revenue Service		to www.irs	.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection	
Name of the organization	JUDI'S							84-1600		
Part I Fundrais	ing Activities. complete this part	Complete i	f the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not	
<ul> <li>Indicate whether the a Mail solicitat</li> <li>Mail solicitat</li> <li>Internet and</li> <li>Phone solicities</li> <li>In-person so</li> <li>Did the organization</li> <li>key employees list</li> </ul>	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds th r oral agree art VII) or en riduals or en	f Solicita g Special ment with any individual tity in connection with p tities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and addres or entity (func			(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
				Yes	No	-				
	ch the organizatio		ed or licensed to solicit o	contrib	▶ utions	or has been notified	it is	exempt from re	gistration	
LHA For Paperwork Re	eduction Act Noti	ce, see the	Instructions for Form 9	990 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2020	

032081 11-25-20

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				GOLF		(add col. (a) through
			LUNCHEON	TOURNAMENT	3	col. (c)
			(event type)	(event type)	(total number)	
	1	Gross receipts	230,276.	209,796.		440,072
	2	Less: Contributions	230,276.	177,072.		407,348
╞	3	Gross income (line 1 minus line 2)		32,724.		32,724
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs			200.	200
	7	Food and beverages			1,630.	1,630
1	8	Entertainment			1,150.	1 150
		Entertainment Other direct expenses		19,262.	8,409.	1,150 29,744
		Direct expenses summary. Add lines 4 through		,202.		32,724
		Net income summary. Subtract line 10 from li			•	0
	t II					-
	_	\$15,000 on Form 990-EZ, line 6a.				
Т				(b) Pull tabs/instant		(d) Total gaming (ad
1			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
			(a) Bingo		(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
0	1		(a) Bingo		(c) Other gaming	
T			(a) Bingo		(c) Other gaming	
t	2	Gross revenue	(a) Bingo		(c) Other gaming	
t	2 3	Gross revenue	(a) Bingo		(c) Other gaming	
	2 3 4	Gross revenue Cash prizes Noncash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
	2 3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	bingo/progressive bingo	%	
	2 3 4 5 7	Gross revenue	Yes%           No	bingo/progressive bingo	Yes% No	
	2 3 4 5 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%           No	bingo/progressive bingo	Yes% No	
	2 3 4 5 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes%     No     from line 1, column (d)	bingo/progressive bingo	Yes% No	
	2 3 4 5 6 7 8 ≣nt	Gross revenue	Yes%         No         from line 1, column (d)         from line 1, column (d)	bingo/progressive bingo	Yes% No	col. (a) through col. (
	2 3 4 5 6 7 8 Ent	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No for line 1, column (d) tots gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (
	2 3 4 5 6 7 8 Ent	Gross revenue	Yes% No for line 1, column (d) tots gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (a)
	2 3 4 5 6 7 8 Ent s tl f "l	Gross revenue	Yes% No from line 1, column (d) from line 1, column (d) exoked, suspended, or te	bingo/progressive bingo	Yes%	Col. (a) through col. (a) through col. (a) through col. (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
 	2 3 4 5 6 7 8 Ent s tl f "l	Gross revenue	Yes% No from line 1, column (d) from line 1, column (d) exoked, suspended, or te	bingo/progressive bingo	Yes%	Col. (a) through col. (c

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 JUDI'S HOUSE, INC	84-1	600797	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility		13a	%
	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:		
	Name			
	Address			
<b>1</b> 5a	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 amo	ount		
	of gaming revenue retained by the third party  \$			
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:			
	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 i			
	organization's own exempt activities during the tax year 🕨 💲			
Pa	<b>rt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part	III, lines 9, 9	9b, 10b,
_				
0320	33 11-25-20 Schedule 32	G (Form	990 or 990	-EZ) 2020

· ·	•	
		Schedule G (Form 990 or 990-EZ)

032084 04-01-20

11550728 147695 502336

SCHEDULE I (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if</sup> the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	er Assistanc d Individuals answered "Yes" o	te to Organi s in the Unit on Form 990, Part	zations, ed States IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form 990. gov/Form990 for the la	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	ition.		Open to Public Inspection
Name of the organization	ion JUDI'S HOUSE	JSE, INC						Employer identification number 84_1600797
Part I General In	General Information on Grants and Assistance	id Assistance					-	
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants c	or assistance, the g	irantees' eligibility f	or the grants or assis	tance, and the selectio	
criteria used to a	criteria used to award the grants or assistance?	tance?						Tes X No
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant fu	unds in the United	States.			
Part II Grants and	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	<b>Omestic Organiz</b>	ations and Domestic	Governments. Co	omplete if the orgar	ization answered "Y	es" on Form 990, Part	V, line 21, for any
recipient tr	recipient that received more than \$5,000. Part II can be duplicated	5,000. Part II can	be duplicated if additio	if additional space is needed	Р			
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	( <b>d</b> )	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JUDITH ANN GRIESE ENDOWMENT 1741 GAYLORD STREET DENVER, CO 80206	: ENDOWMENT ET	76-0723517	501(C)(3)	2,200.	.0			ENDOWMENT
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	id government org	anizations listed in the	line 1 table				
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2020

032101 11-02-20

HOUSE, nestic Individu space is neede	INC als. Complete if the d.	organization answe	sred "Yes" on Form 9	90, Part IV, line 22.	84-1600797 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
032102 11-02-20					Schedule I (Form 990) 2020

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047 \_

\_ \_

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

2020	
Open to Public Inspection	

	Name	of the	organization
--	------	--------	--------------

mployer	identification number
8	4-1600797

Er

	JUDI'S HOUSE	, INC				84	-1600	797	
Pa	t I Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	Method o oncash cont		•	S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other  ( OTHER )	X	88	22,083.	FAI!	R VALU	Ε		
26	Other ► ()								
27	Other ► ()								
28	Other 🕨 ( )			<u> </u>					
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions					
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement					
								Yes	No
30a	During the year, did the organization receive by		• • • • •	· · · · · ·					
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	ed for				
	exempt purposes for the entire holding period?	?					<b>30</b> a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	•	-	-	ions?		31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						. <b>32</b> a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	/ for which column (a) is chec	;ked,				
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

032141 11-23-20

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

032142 11_23_20	Schedule M (Form 990) 2020
032142 11-23-20	Schedule W (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.

Inspection Employer identification number 84-1600797

OMB No. 1545-0047

Open to Public

JUDI'S HOUSE, INC

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

CHILDREN AND FAMILIES GRIEVING A DEATH FIND CONNECTION AND HEALING.

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

THROUGH OUR THREE CORE STRATEGIC INITIATIVES: DIRECT SERVICE;

EVALUATION AND RESEARCH; AND TRAINING AND EDUCATION.

AS PART OF OUR DIRECT SERVICE INITIATIVE, THE COMPREHENSIVE GRIEF CARE

(CGC) MODEL DEVELOPED AND EVALUATED AT JUDI'S HOUSE IS AN EFFECTIVE,

TRAUMA- AND GRIEF-INFORMED APPROACH TO CARE THAT INTEGRATES KNOWLEDGE

DRAWN FROM A COLLABORATION OF COMMUNITY, PRACTICE, AND RESEARCH

PARTNERS. OUR TRAINING AND EDUCATION INITIATIVE CULTIVATES COMMUNITY

CAPACITY THROUGH THE DEVELOPMENT OF THE CGC NETWORK, WHICH INCLUDES

PROFESSIONALS, CAREGIVERS, AND COMMUNITIES TRAINED AND EDUCATED IN

USING THE CGC APPROACH TO SUPPORT GRIEVING YOUTH AND FAMILIES. THE

EVALUATION AND RESEARCH INITIATIVE ADVANCES THE FIELD OF CHILDHOOD

BEREAVEMENT BY DEVELOPING TOOLS AND RESOURCES FOR PROFESSIONALS AND

INFORMING RESEARCH-BASED BEST PRACTICES AND STANDARDS OF CARE. USING

THIS APPROACH, WE CAN SUPPORT THE WHOLE CHILD, FAMILY, AND COMMUNITY IN

MANAGING THE IMMEDIATE AND LONG-TERM EMOTIONAL AND BEHAVIORAL

DIFFICULTIES THAT CAN ACCOMPANY CHILDHOOD BEREAVEMENT.

JUDI'S HOUSE HAS BEEN ABLE TO CREATE A SUCCESSFUL TRACK RECORD BY BEING

THOUGHTFUL IN OUR APPROACH TOWARD GROWTH, WHILE INCORPORATING THE CORE

VALUES OF COMPASSION, ACCOUNTABILITY, AND RESPECT AS OUR GUIDING

PRINCIPLES.

FORM 990, PART VI, SECTION A, LINE 2:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20 38

Schedule O (Form 990 or	990-EZ) 2020					Page	2
Name of the organization	JUDI'S HOU	SE, INC				Employer identification numbe 84-1600797	r
BRIAN GRIESE,	PRESIDENT,	IS MARRIED	TO BROOK	GRIESE,	PHD.	BROOKE GRIESE,	

PHD, CEO, IS MARRIED TO BRIAN GRIESE.

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

A DRAFT COPY OF THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER PRIOR TO

FILING THE FORM WITH THE IRS. THE FINAL VERSION OF THE FORM 990 IS APPROVED

BY THE BOARD PRESIDENT PRIOR TO RELEASE.

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

EACH BOARD MEMBER AND KEY OFFICER IS REQUIRED TO SIGN AN ANNUAL STATEMENT

ATTESTING TO THEIR INDEPENDENCE AND THEIR COMPLIANCE WITH THE

ORGANIZATION'S CONFLICT OF INTEREST POLICY.

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

TOP OFFICIAL COMPENSATION WAS DETERMINED BY REVIEWING AVAILABLE

COMPENSATION STUDIES FOR COMPARABLE ENTITIES, CONSIDERATION OF

OUALIFICATIONS AND EXPERIENCE, AND DISCUSSION WITH KNOWLEDGEABLE

COMPENSATION PROFESSIONALS. THE COMPENSATION PACKAGE WAS APPROVED BY THE

PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS AND DOCUMENTED IN THE

MINUTES.

CONSISTENT WITH THE PROCESS FOR THE TOP OFFICIAL, KEY EMPLOYEE COMPENSATION WAS DETERMINED BY REVIEWING AVAILABLE COMPENSATION STUDIES, CONSIDERATION OF QUALIFICATIONS AND EXPERIENCE, AND DISCUSSIONS WITH KNOWLEDGEABLE COMPENSATION PROFESSIONALS.

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

THE ORGANIZATION MAINTAINS COPIES OF ITS GOVERNING DOCUMENT, CONFLICT OF Schedule O (Form 990 or 990-EZ) 2020 032212 11-20-20 39 11550728 147695 502336 2020.04010 JUDI'S HOUSE, INC

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization JUDI'S HOUSE, INC	Page 2 Employer identification number 84-1600797
INTEREST POLICY, AND FINANCIAL STATEMENTS IN ITS	ADMINISTRATIVE OFFICES FOR
USE BY ANY REQUESTING PARTY.	
032212 11-20-20	Schedule O (Form 990 or 990-EZ) 202

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	ions and Unrelated Pa rered "Yes" on Form 990, Part IV, I ▶ Attach to Form 990. m990 for instructions and the lates	<b>therships</b> ine 33, 34, 35b, 3 t information.	3, or 37.		OMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization JUDI'S HOUSE,	INC				Employer ident	Employer identification number $84 - 1600797$
Part I Identification of Disregarded Entities. Complete if the organization	ste if the organization answered "Yes"	answered "Yes" on Form 990, Part IV, line 33.				
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, t	ecause it had one	or more related tax-e>	empt
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
JUDITH ANN GRIESE ENDOWMMENT - 76-0723517 1741 GAYLORD STREET DENVER, CO 80206	INVESTMENT	COLORADO	501(C)(3)	11A	A/A	-
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule	Schedule R (Form 990) 2020

032161 10-28-20 LHA

A (Form 990) 2020       JUDI 'S HOUSE', INC         Identification of Related Organizations Taxable as a Partnership.         organizations treated as a partnership during the tax year.         (a)       (b)       (c)         me, address, and EIN       Primary activity       Legal domicide domicide domicide domicide domicide domicide
country) country)
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" organizations treated as a corporation or trust during the tax year.
(b) (c) Legal domicile (state or foreign country)

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# 032162 10-28-20

INC	
HOUSE,	
S	
JUDI	
2020	
990)	
(Form	
Schedule R	

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

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.					Yes N	٩
1 During the tax year, did the organization engage in any of the following transac	ctions with one or more re	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	entity			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)				1c		×
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				1e		×
				Ť		>
				=		
g Sale of assets to related organization(s)				1g		al
h Purchase of assets from related organization(s)				÷		×
i Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related	related organization(s)			11		X
m Performance of services or membership or fundraising solicitations by related	elated organization(s)			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	nization(s)			<del>ا</del>		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10		×
p Reimbursement paid to related organization(s) for expenses				1p		×
<b>q</b> Reimbursement paid by related organization(s) for expenses				р Р		×
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				÷		×
				ts 1		×
s for infor	on who must complete th	is line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a·s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	Ived		
(1) JUDITH ANN GRIESE ENDOWMENT	В	2,200.	CASH GIFT			
(2)						
(3)						
(4)						
(5)						
(9)						

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032163 10-28-20

Schedule R (Form 990) 2020

<b>Part VI</b> Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	ble as a Partnership. Co	mplete if the organ	ization answered "Yee	s" on Fori	m 990, Part IV, line 3	7.				
Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related creatization. See instructions recording evolution for contain investment partnerships	entity taxed as a partnersh	ip through which th	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)	ucted mo	re than five percent o	of its activities (mea	asured by	total assets or gr	oss rev	enue)
								6		
(a)	(a)		(a)	Are a		(6)	Ē	()	6	(K)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related_unrelated_	partners sec. 501 (c)(3)	<i>o</i>	Share of	Dispropor- tionate	Code V-UBI	General or managing	General or Percentage
OI ETILIY		(state or loreign country)	excluded from tax under	orgs.?	income	enu-oi-year assets	allocations?	allocations? Of Schedule K-1 partner?	partner?	ownersnip
				Yes No			Yes No		Yes NO	
									+	
									_	
									$\left  \right $	
								Cobodulo		Schodulo D (Earm 000) 2020
								סמופחחופ		2201 2020

Schedule R (Form 990) 2020 JUDI'S HOUSE, INC

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2020

032165 10-28-20

Form <b>4562</b>	
Department of the Treasury Internal Revenue Service	(99)
Name(s) shown on return	

# **Depreciation and Amortization** (Including Information on Listed Property)

990

Attach to your tax return.

2020 Attachment Sequence No. **179** Identifying number

ſ

OMB No. 1545-0172

Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

	DI'S HOUSE, INC						AGE 10		84-1600797
Ра	<b>rt I</b> Election To Expense Certain Propert	y Under Section 17	79 Note: If you h	have any lis	ted pro	operty, c	omplete Part		*
1	Maximum amount (see instructions)							1	1,040,000.
2	Total cost of section 179 property place	d in service (see	instructions) .					2	
3	Threshold cost of section 179 property	pefore reduction	in limitation					3	2,590,000.
4	Reduction in limitation. Subtract line 3 f	rom line 2. If zero	or less, enter -0	D				4	
5	Dollar limitation for tax year. Subtract line 4 from line 1	. If zero or less, enter -	0 If married filing se	eparately, see in	struction	IS		5	
6	(a) Description of pro	perty		(b) Cost (busine	ess use o	only)	(c) Elected of	cost	
									1
									1
									1
7	Listed property. Enter the amount from	line 29				7			
	Total elected cost of section 179 proper							8	
	Tentative deduction. Enter the smaller								
	Carryover of disallowed deduction from								
	Business income limitation. Enter the sn								
	Section 179 expense deduction. Add lin								
						13		12	
	Carryover of disallowed deduction to 20 e: Don't use Part II or Part III below for li				📕	13			
	rt II Special Depreciation Allowar	,			alistad	proport			
	opecial Bepreciation / alertai		•						1
	Special depreciation allowance for quali						•		0.046
	the tax year								8,946.
	Property subject to section 168(f)(1) elec	ction							0.052
								16	8,953.
Pa	rt III MACRS Depreciation (Don't	include listed pro							
			Secti	ion A					1 0 1
	MACRS deductions for assets placed in	2	0 0					17	1,071.
18	If you are electing to group any assets placed in service						····· ► _		
	Section B - Assets	1			Jsing t	he Gene		tion Syste	em T
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for de (business/inves only - see inst	stment use	(d) F F	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property								
b	5-year property								
c	7-year property								
d	10-year property								
e	15-year property								
f	20-year property								
g	25-year property				25	5 yrs.		S/L	
	Desidential control and a state	/			27	.5 yrs.	MM	S/L	
h	Residential rental property	/			27	.5 yrs.	MM	S/L	
		/			39	9 yrs.	MM	S/L	
i	Nonresidential real property	/					MM	S/L	
	Section C - Assets P	aced in Service	During 2020 Ta	ax Year Us	ing the	e Alterna	ative Depreci	ation Sys <sup>.</sup>	tem
20a	Class life							S/L	
b	12-year				12	2 yrs.		S/L	
с	30-year	/			30	) yrs.	MM	S/L	
d	•	/				) yrs.	MM	S/L	
	<b>rt IV</b> Summary (See instructions.)		•			-	•	•	•
21	Listed property. Enter amount from line	28						21	
	Total. Add amounts from line 12, lines 1		es 19 and 20 in	column (a)	. and li	ne 21			1
	Enter here and on the appropriate lines							22	18,970.
	For assets shown above and placed in s				c 3				
	portion of the basis attributable to section	•	Sanon yoar, e			23			
	1 12-18-20 LHA For Paperwork Reduc		see separate4	struction	s.	_~			Form <b>4562</b> (2020)
									= ()

2020.04010 JUDI'S HOUSE, INC

Form 4562 (2020)	JUDI	'S HOU	SE,	INC							84-	1600	797	Page 2
Part V Listed Property ( entertainment, rec				er vehic	les, cert	ain aircr	aft, an	d property	used for					
<b>Note:</b> For any veh 24b, columns (a) t	nicle for whic	h you are us	, sing the						e expense	e, comp	lete on	<b>ly</b> 24a,		
Section A - De									nits for p	asseng	er autom	nobiles. )	)	
24a Do you have evidence to sup	port the busin	ess/investmer	nt use cla	imed?	<b>Y</b>	es 🗌	No	24b If "Y	es," is th	e evider	nce writt	en?	Yes [	No
<b>(a)</b> Type of property (list vehicles first)	(b) Date placed in	(c) Business/ investment	ot	<b>(d)</b> Cost or her basis		(e) sis for depre siness/inve use only	stment	(f) Recovery period	(e Met Conve	hod/	Depre	<b>h)</b> ciation iction	Ele sectio	(i) ected on 179
25 Special depreciation allowa		lified listed p		placed i	n servic	,	,	l x year and	 					ost
used more than 50% in a q	ualified busi	ness use								25				
26 Property used more than 5	0% in a qual	lified busine	ss use:											
		9	6										<b> </b>	
			6										<b> </b>	
	: :		6											
27 Property used 50% or less	in a qualified													
	: :		6						S/L ·				4	
	: :		6						S/L -				1	
			6						S/L -	28			1	
28 Add amounts in column (h)												29		
29 Add amounts in column (i),	IINE 20. ENU			3 - Infor					<u></u>			29	I	
Complete this section for vehic	les used by					_			related r	orson	lf you pr	ovided v	ohicles	
to your employees, first answer	2													
			11 0 10 3	ee ii you	meera	пехеер		compican	9 1113 30			critolog.		
			6	a)	(	b)		(c)	(d	)	(6	∋)	(1	(f)
30 Total business/investment mile	es driven durii	na the		nicle	-	hicle	Ιv	/ehicle	Vehi	-	Veh	-	Vehicle	
year ( <b>don't</b> include commuting				Veniele										
31 Total commuting miles driv														
32 Total other personal (nonco														
driven	÷.												1	
33 Total miles driven during th														
Add lines 30 through 32 $_{\dots}$														
34 Was the vehicle available for	or personal u	use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?														
35 Was the vehicle used prima														
than 5% owner or related p	person?							_					ļ!	
<b>36</b> Is another vehicle available	e for persona	l												
use?														
	Section C - C			-				-						
Answer these questions to dete	,	i meet an ex	ception	to comp	leting S	Section E	s for ve	enicles use	d by emp	oloyees	who ar	'en't		
more than 5% owners or relate		a ant that are	bibito o			fuchiolo	o incl	uding com	muting				Vee	Na
<b>37</b> Do you maintain a written p	-	-						-	-				Yes	No
employees?														
employees? See the instru-		•	•											
<b>39</b> Do you treat all use of vehi					,	,								<u> </u>
40 Do you provide more than														
the use of the vehicles, and														
41 Do you meet the requireme	ents concern	ning qualified	autom	obile der	nonstra	tion use'	?							
Note: If your answer to 37,														
Part VI Amortization														
(a)	-t	Data	(b)		(c)			(d)		(e)	tion	0	(f)	
Description of cos	515		amortization begins		Amortizat			Code section	ſ	Amortizat period or pero			mortization or this year	
42 Amortization of costs that I	begins durin	g your 2020	tax yea	r:										
			: :											
		I	: :											
43 Amortization of costs that I	began before	e your 2020	tax yea	r							43			
44 Total. Add amounts in colu														
			ons for v								44			<b>2</b> (2020)

 $11550728\ 147695\ 502336$ 

47 2020.04010 JUDI'S HOUSE, INC