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CLIENT'S COPY



May 15, 2025

Mountain Valley Developmental Services
P.O. Box 338
Glenwood Springs, CO 81602

Dear Board of Directors:

Enclosed are the original and one copy of the 2023 Exempt Organization return, as follows...

2023 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Michelle Sainio, CPA



May 15, 2025

Mountain Valley Developmental Services
P.O. Box 338
Glenwood Springs, CO 81602

Mountain Valley Developmental Services:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Michelle Sainio, CPA



PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2024

Prepared For:

Mountain Valley Developmental Services
P.O. Box 338
Glenwood Springs, CO 81602

Prepared By:

MBE CPAs, LLP
954 E 2nd Ave. #201
Durango, CO 81301

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Mountain Valley Developmental Services

EIN or SSN

84-0687930

Name and title of officer or person subject to tax

**Sara Sims
Executive Director**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>15,476,758.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize MBE CPAs, LLP to enter my PIN 98765
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

39513498765

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

MBE CPAs, LLP

Date

05/15/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2023)

LHA 302521 01-05-24

12430515 797854 32081

2023.05070 MOUNTAIN VALLEY DEVELOPME 32081__1

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. Mountain Valley Developmental Services	Taxpayer identification number (TIN) 84-0687930
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 338	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Glenwood Springs, CO 81602	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **Sara Sims**
P.O. Box 338 - Glenwood Springs, CO 81602

Telephone No. **970-945-2306** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **May 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Return of Organization Exempt From Income Tax

Form **990**

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

2023

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Mountain Valley Developmental Services Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. Box 338 City or town, state or province, country, and ZIP or foreign postal code Glenwood Springs, CO 81602 F Name and address of principal officer: Sara Sims same as C above	D Employer identification number 84-0687930 E Telephone number 970-945-2306 G Gross receipts \$ 15,542,557. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: www.mtnvalley.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1975		M State of legal domicile: CO

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: To encourage and support individuals with developmental disabilities, enhance their ability		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	246
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	1,420,376.	2,034,236.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,844,300.	12,970,951.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,157,620.	134,236.
12		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	183,022.	337,335.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,605,318.	15,476,758.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,002,389.	9,090,878.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,855,459.	6,321,157.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,857,848.	15,412,035.
	19	Revenue less expenses. Subtract line 18 from line 12	747,470.	64,723.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	9,862,799.	10,302,918.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,181,367.	2,556,763.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,681,432.	7,746,155.

Part II Signature Block

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

Sign Here	Signature of officer Sara Sims, Executive Director	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Michelle Sainio, CPA	Preparer's signature Michelle Sainio, CPA	Date 05/15/25	Check if self-employed <input type="checkbox"/>	PTIN P01247182
	Firm's name MBE CPAs, LLP	Firm's EIN 20-0794302	Phone no. (970) 247-0506		
	Firm's address 954 E 2nd Ave. #201 Durango, CO 81301				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: To encourage and support individuals with developmental disabilities, enhance their ability to live, learn, and work in an independent and inclusive manner, and to educate the community about their contributions and capabilities.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 11,270,008. including grants of \$) (Revenue \$ 13,442,522.) See Schedule O

4b (Code:) (Expenses \$ 1,567,108. including grants of \$) (Revenue \$) Rocky Mountain Early Childhood Council promotes and supports a system of quality, accessibility, affordability of early childhood for families in the Rural Resort Region.

4c (Code:) (Expenses \$ 1,178,595. including grants of \$) (Revenue \$) Early Intervention is for children from birth through age two which offer infants and toddlers and their families services and support enhance child development in the areas of cognition, speech, communication, physical, motor, vision, hearing, social emotional development, and self help skills parent child or family interaction and early identification, screening and assessment services.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 14,015,711.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 10; 1b Enter the number of voting members included... 10; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CO
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
Sara Sims - 970-945-2306
P.O. Box 338, Glenwood Springs, CO 81602

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Sara Sims Executive Director	40.00			X			159,967.	0.	21,374.	
(2) Ksana Oglesby CFO	40.00			X			132,025.	0.	13,193.	
(3) John Klausz Supportive Service	40.00				X		116,969.	0.	16,925.	
(4) Sarah Brotherson Supportive Service	40.00				X		103,909.	0.	10,180.	
(5) Charlie Willman President	2.00	X		X			0.	0.	0.	
(6) Chris Tolk Vice President	2.00	X		X			0.	0.	0.	
(7) Denise Rahe Secretary	2.00	X		X			0.	0.	0.	
(8) Steve MacDonald Treasurer	2.00	X		X			0.	0.	0.	
(9) Judy Oakes Director	2.00	X					0.	0.	0.	
(10) Myra Bone Director	2.00	X					0.	0.	0.	
(11) Larry Vasquez Director	2.00	X					0.	0.	0.	
(12) Melissa Knutson Director	2.00	X					0.	0.	0.	
(13) Debbie Anne Moeller Director	2.00	X					0.	0.	0.	
(14) Milton Rodas Director	2.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,843,872.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	190,364.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			2,034,236.			
Program Service Revenue	2 a	State Of Colorado Program	Business Code	623990	12,371,234.	12371234.		
	b	Residential room and board		623000	599,717.	599,717.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			12,970,951.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			115,067.	115,067.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
				124,370.				
			6b	Less: rental expenses ...	65,799.			
	6c	Rental income or (loss)	58,571.					
	d	Net rental income or (loss)			58,571.	58,571.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				19,169.				
			7b	Less: cost or other basis and sales expenses	0.			
	7c	Gain or (loss)	19,169.					
	d	Net gain or (loss)			19,169.	19,169.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
			169,846.					
		10b	Less: cost of goods sold	0.				
c	Net income or (loss) from sales of inventory			169,846.	169,846.			
Miscellaneous Revenue	11 a	Insurance Recovery	Business Code	900099	50,694.	50,694.		
	b	Other Revenue		900099	45,391.	45,391.		
	c	State Trust Fund		900099	12,833.	12,833.		
	d	All other revenue						
	e	Total. Add lines 11a-11d			108,918.			
12	Total revenue. See instructions			15,476,758.	13442522.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	307,566.		307,566.	
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	7,348,611.	6,970,082.	378,529.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,434,701.	1,270,892.	163,809.	
11 Fees for services (nonemployees):				
a Management				
b Legal	2,344,806.	2,344,806.		
c Accounting	195,705.		195,705.	
d Lobbying				
e 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 O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	438,022.	421,184.	16,838.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	11,677.	11,677.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	252,773.	242,458.	10,315.	
23 Insurance	120,957.	104,202.	16,755.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Client Assistance and A	1,417,306.	1,417,306.		
b Misc.	1,127,544.	860,613.	266,931.	
c Supplies	412,367.	372,491.	39,876.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	15,412,035.	14,015,711.	1,396,324.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,763,639.	1	3,640,402.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,458,109.	3	956,421.
	4 Accounts receivable, net	1,178,119.	4	2,361,218.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	72,427.	8	80,655.
	9 Prepaid expenses and deferred charges	288,048.	9	319,622.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,991,158.		
	b Less: accumulated depreciation	10b 6,107,490.	10c	2,883,668.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	66,352.	15	60,932.
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,862,799.	16	10,302,918.	
Liabilities	17 Accounts payable and accrued expenses	1,721,342.	17	2,157,922.
	18 Grants payable		18	
	19 Deferred revenue	162,077.	19	159,542.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	231,596.	23	77,962.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	66,352.	25	161,337.
	26 Total liabilities. Add lines 17 through 25	2,181,367.	26	2,556,763.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,681,432.	27	7,746,155.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,681,432.	32	7,746,155.
	33 Total liabilities and net assets/fund balances	9,862,799.	33	10,302,918.

Part 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	15,476,758.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,412,035.
3	Revenue less expenses. Subtract line 2 from line 1	3	64,723.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,681,432.
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	7,746,155.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization Mountain Valley Developmental Services	Employer identification number 84-0687930
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	964,897.	2248034.	1704203.	112,170.	190,364.	5219668.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	964,897.	2248034.	1704203.	112,170.	190,364.	5219668.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						5219668.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	964,897.	2248034.	1704203.	112,170.	190,364.	5219668.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,185.	3,825.	1,473.	33,332.	239,437.	282,252.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	21,205.	18,663.	36,528.	13,312.	45,604.	135,312.
11 Total support. Add lines 7 through 10						5637232.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	92.59 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.49 %
16a 33 1/3% support test - 2023. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
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? <i>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.</i>			
b Did the activities described on 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? <i>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.</i>			
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? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 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.

Section 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Mountain Valley Developmental Services

Employer identification number

84-0687930

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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), 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 \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

Name of organization Mountain Valley Developmental Services	Employer identification number 84-0687930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Temple Hoyne Buell 1873 S. Bellaire St. #600 Denver, CO 80203	\$ 103,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	State of Colorado DTD Grant 1313 Sherman Street STE 521 Denver, CO 80203	\$ 66,724.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Garfield County 108 8th St STE 201 Glenwood Springs , CO 81601	\$ 52,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	RMECC State Grants 1575 Sherman St 1st Floor Denver, CO 80203	\$ 1,783,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Mountain Valley Developmental Services	Employer identification number 84-0687930
---	---

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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

Mountain Valley Developmental Services

84-0687930

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed.

Form with columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, (e) Transfer of gift. Sub-sections include Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Mountain Valley Developmental Services Employer identification number 84-0687930

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not 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 in Part XIII the text of the footnote to its financial statements that describes these items. 1b 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 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		843,104.		843,104.
b Buildings		7,271,646.	5,259,714.	2,011,932.
c Leasehold improvements		6,514.	6,514.	0.
d Equipment		690,806.	662,174.	28,632.
e Other		179,088.	179,088.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,883,668.

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, line 12, col. (B))		

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, line 13, col. (B))		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Operating Leases	31,910.
(3) Notes Payable	129,427.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	161,337.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	15,542,557.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	65,799.
e	Add lines 2a through 2d	2e	65,799.
3	Subtract line 2e from line 1	3	15,476,758.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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	15,476,758.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	15,477,834.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	65,799.
e	Add lines 2a through 2d	2e	65,799.
3	Subtract line 2e from line 1	3	15,412,035.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,412,035.

Part XIII Supplemental Information

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

Part X, Line 2:

The Center is operated as a nonprofit organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code. The Center recognizes tax liabilities when, despite the Center's belief that its tax return positions are supportable, the Center believes that certain positions may not be fully sustained upon review by tax authorities. Benefits from tax positions are measured at the largest amount of benefit that is greater than fifty percent likely of being realized upon settlement. The Center has concluded there is no tax liability or benefit required to be recorded as of June 30, 2024. The Center is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. The Center believes it is no

Part XIII Supplemental Information (continued)

longer subject to income tax examinations for the years prior to the year ended June 30, 2021.

Part XI, Line 2d - Other Adjustments:

Rental expenses 65,799.

Part XII, Line 2d - Other Adjustments:

Rental expenses 65,799.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Mountain Valley Developmental Services

Employer identification number

84-0687930

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Sara Sims Executive Director	(i)	159,967.	0.	0.	12,964.	8,410.	181,341.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Mountain Valley Developmental Services

Employer identification number

84-0687930

Form 990, Part I, Line 1, Description of Organization Mission:

to live, learn, and work in an independent and inclusive manner, and
to educate the community about their contributions and capabilities.

Form 990, Part III, Line 4a

Comprehensive services refers to residential services, adult day care
services or supports and transportation activities as specified in the
eligible person's Individualized Plan (IP). Included are a number of
different types of residential settings, which provides an array of
training, learning, experiential support activities provided in
residential living alternatives designed to meet individual needs.

Additionally, adult day services provide opportunities for individuals
to experience and actively participate in valued roles in the
community. These services and supports enable individuals to access and
participate in typical community activities such as work, recreation
and senior citizen activities. Finally, transportation activities refer
to "Home to Day Program transportation" services relevant to an
individual's work schedule as specified in the IP. For these purposes,
"work schedule" is defined broadly to include adult and retirement
activities such as education, training, community integration and
employment.

Form 990, Part VI, Section B, line 11b:

A copy of the return is reviewed by the Executive Director and Board
President before the final return is submitted.

Name of the organization Mountain Valley Developmental Services	Employer identification number 84-0687930
---	---

Form 990, Part VI, Section B, Line 12c:

Board members review the organization's bylaws and policies at the time of appointment. Conflict of interest is addressed and identified whenever a business transaction occurs for which a Board Member potentially has an interest.

Form 990, Part VI, Section B, Line 15:

The Board President and Treasurer review the Executive Director's performance and compensation annually. Top management are compensated in accordance with the Organization's Human Resource Policies which includes yearly evaluations and adheres to a salary schedule.

Form 990, Part VI, Section C, Line 19:

Mountain Valley Developmental Services maintains written copies of its Policies and Procedures, including policies regarding Conflict of Interest and its Code of Ethics, as well as all governing documents. These are available to the public upon request and without charge. Financial statements are available upon request by the public.

2023 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Buildings														
20	conf table	09/30/96	SL	4.00		16	2,157.				2,157.	2,157.		0.	2,157.
21	ED desk & furniture	04/30/97	SL	3.00		16	3,489.				3,489.	3,489.		0.	3,489.
22	CFO office furniture	08/31/97	SL	3.00		16	1,168.				1,168.	1,168.		0.	1,168.
23	fred wells software 1	04/30/98	SL	3.00		16	15,700.				15,700.	15,700.		0.	15,700.
24	fred wells software 2	10/31/98	SL	3.00		16	4,650.				4,650.	4,650.		0.	4,650.
25	office furn	12/31/00	SL	4.00		16	6,420.				6,420.	6,420.		0.	6,420.
26	upstairs xerox	10/31/10	SL	4.00		16	9,688.				9,688.	9,688.		0.	9,688.
27	snow plow	10/31/12	SL	4.00		16	6,186.				6,186.	6,186.		0.	6,186.
28	Case Mgr office cubbies	10/31/13	SL	4.00		16	30,462.				30,462.	30,462.		0.	30,462.
29	New server	07/31/14	SL	4.00		16	7,623.				7,623.	7,623.		0.	7,623.
30	New Xerox Copier Downstairs	12/21/06	SL	5.00		16	14,083.				14,083.	14,083.		0.	14,083.
31	Office Furniture - Res Office	08/30/17	SL	5.00		16	12,092.				12,092.	12,092.		0.	12,092.
32	Weaving store fixtures	06/30/96	SL	4.00		16	6,608.				6,608.	6,608.		0.	6,608.
33	don-wright loom	05/31/97	SL	4.00		16	1,782.				1,782.	1,782.		0.	1,782.
34	looms	01/31/92	SL	4.00		16	8,696.				8,696.	8,696.		0.	8,696.
35	schacht loom	06/30/94	SL	4.00		16	1,024.				1,024.	1,024.		0.	1,024.
36	comp pc conn	05/31/98	SL	4.00		16	3,284.				3,284.	3,284.		0.	3,284.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	software/comp inventory	06/30/01	SL	4.00		16	9,085.				9,085.	9,085.		0.	9,085.
38	skistar tech	11/30/93	SL	4.00		16	1,678.				1,678.	1,678.		0.	1,678.
39	mardale-lockers	10/31/99	SL	4.00		16	2,229.				2,229.	2,229.		0.	2,229.
40	Sopris House hoyer lift	06/30/93	SL	4.00		16	2,298.				2,298.	2,298.		0.	2,298.
41	Phone System Upgrade	12/31/19	SL	5.00		16	3,583.				3,583.	2,508.		717.	3,225.
42	Computer Upgrades	02/28/20	SL	5.00		16	37,860.				37,860.	25,240.		7,572.	32,812.
43	Dynamics GP Upgrade	04/30/20	SL	3.00		16	11,039.				11,039.	11,039.		0.	11,039.
44	trees/screens	01/31/83	SL	20.00		16	11,416.				11,416.	11,416.		0.	11,416.
45	paving	06/30/88	SL	6.00		16	13,000.				13,000.	13,000.		0.	13,000.
46	HONK31565	02/28/94	SL	5.00		16	3,949.				3,949.	3,949.		0.	3,949.
47	swamp cooler	06/30/95	SL	4.00		16	2,042.				2,042.	2,042.		0.	2,042.
48	mt sopris dr	11/30/79	SL	30.00		16	255,886.				255,886.	255,886.		0.	255,886.
49	adult addition	11/30/82	SL	30.00		16	209,914.				209,914.	209,914.		0.	209,914.
50	roof	08/30/89	SL	5.00		16	17,961.				17,961.	17,961.		0.	17,961.
51	voc bath/sprout/kitch	01/31/91	SL	5.00		16	7,542.				7,542.	7,542.		0.	7,542.
52	paint/gutters	04/01/94	SL	5.00		16	1,254.				1,254.	1,254.		0.	1,254.
53	recept/ther floors	04/01/94	SL	5.00		16	1,823.				1,823.	1,823.		0.	1,823.
54	admin ups carpet	09/01/96	SL	4.00		16	3,865.				3,865.	3,865.		0.	3,865.

2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	siding/doors	06/01/97	SL	5.00		16	9,561.				9,561.	9,561.		0.	9,561.
56	automatic doors	06/01/98	SL	4.00		16	5,651.				5,651.	5,651.		0.	5,651.
57	add on driveway	10/01/01	SL	5.00		16	8,824.				8,824.	8,824.		0.	8,824.
58	new roof	05/31/11	SL	20.00		16	49,884.				49,884.	29,929.		2,494.	32,423.
59	sunsense solar pan	07/30/11	SL	10.00		16	47,500.				47,500.	47,500.		0.	47,500.
60	take out original roof	08/30/12	SL	.000		16	-18,274.				-18,274.			0.	
61	ES remodel	11/01/12	SL	20.00		16	37,794.				37,794.	20,158.		1,890.	22,048.
62	CM remodel, new wiring	04/30/14	SL	10.00		16	27,286.				27,286.	25,028.		2,258.	27,286.
63	New Boiler	04/30/14	SL	5.00		16	6,900.				6,900.	6,900.		0.	6,900.
64	Concrete pads new entry	12/31/14	SL	5.00		16	14,046.				14,046.	14,046.		0.	14,046.
65	automatic doors	06/30/16	SL	4.00		16	9,290.				9,290.	9,290.		0.	9,290.
66	EI Remodel	12/01/17	SL	10.00		16	8,024.				8,024.	5,177.		802.	5,979.
67	Mini-split Cooling EI/Res/CM/Mod	06/30/19	SL	10.00		16	23,204.				23,204.	9,282.		2,320.	11,602.
68	Fire Alarm System upgrade Deposit	02/28/22	SL	5.00		16	16,992.				16,992.	4,531.		3,398.	7,929.
69	Irrigation - 10 zones	07/31/22	SL	5.00		16	15,000.				15,000.	2,750.		3,000.	5,750.
70	Flooring - GWS Day	02/01/23	SL	5.00		16	16,804.				16,804.	1,120.		3,361.	4,481.
71	Leasehold Improvements	07/01/17	SL	5.00		16	6,514.				6,514.	6,514.		0.	6,514.
77	Office Furniture	07/01/17	SL	5.00		16	13,945.				13,945.	13,945.		0.	13,945.

2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
90	Sopris House Bldg	01/01/82	SL	20.00		16	80,370.				80,370.	80,370.		0.	80,370.
91	imp 87-93	07/01/87	SL	20.00		16	17,261.				17,261.	17,261.		0.	17,261.
92	dwnstairs apt rem	12/01/97	SL	5.00		16	21,789.				21,789.	21,789.		0.	21,789.
93	big johns kitch cabs	12/01/98	SL	5.00		16	3,610.				3,610.	3,610.		0.	3,610.
94	erickson kitchen	03/01/99	SL	5.00		16	2,565.				2,565.	2,565.		0.	2,565.
95	erickson	06/01/99	SL	5.00		16	3,136.				3,136.	3,136.		0.	3,136.
96	remodel downstairs apt	06/01/03	SL	5.00		16	31,404.				31,404.	31,404.		0.	31,404.
97	downstairs apt remodel	07/01/03	SL	5.00		16	14,477.				14,477.	14,477.		0.	14,477.
98	roof	01/01/06	SL	5.00		16	9,400.				9,400.	9,400.		0.	9,400.
99	gabe- sprinkle closets	05/01/08	SL	5.00		16	5,700.				5,700.	5,700.		0.	5,700.
100	remodel downstairs apt	06/01/09	SL	5.00		16	5,637.				5,637.	5,637.		0.	5,637.
101	Deck - deposit and final pymt	11/01/21	SL	5.00		16	14,900.				14,900.	4,718.		2,980.	7,698.
102	Hall Bathroom Remodel	06/01/22	SL	5.00		16	23,550.				23,550.	4,710.		4,710.	9,420.
103	Painting	11/01/22	SL	5.00		HY17	10,465.				10,465.	1,221.		2,093.	3,314.
104	retaining wall	06/30/23	SL	10.00		16	8,559.				8,559.			856.	856.
105	greenhouse	10/01/87	SL	30.00		16	168,611.				168,611.	168,611.		0.	168,611.
106	imp	07/01/90	SL	5.00		16	3,520.				3,520.	3,520.		0.	3,520.
107	concrete	12/01/90	SL	10.00		16	5,034.				5,034.	5,034.		0.	5,034.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
108	imp	07/01/94	SL	4.00		16	6,319.				6,319.	6,319.		0.	6,319.
109	hydrosys/sprout mach	05/19/95	SL	4.00		16	7,523.				7,523.	7,523.		0.	7,523.
110	furnace	05/01/95	SL	4.00		16	1,900.				1,900.	1,900.		0.	1,900.
111	fert sys injectors	07/01/95	SL	4.00		16	2,362.				2,362.	2,362.		0.	2,362.
112	new floor	06/01/00	SL	5.00		16	32,361.				32,361.	32,361.		0.	32,361.
113	solar and cooling system	11/01/05	SL	5.00		16	21,354.				21,354.	21,354.		0.	21,354.
114	Heater	03/01/23	SL	5.00		16	7,066.				7,066.	353.		1,413.	1,766.
115	house	04/01/85	SL	20.00		16	88,793.				88,793.	88,793.		0.	88,793.
116	kitchen	12/01/88	SL	20.00		16	30,378.				30,378.	30,378.		0.	30,378.
117	driveway/stairs	07/01/89	SL	5.00		16	16,464.				16,464.	16,464.		0.	16,464.
118	remodel bath	04/01/95	SL	5.00		16	3,551.				3,551.	3,551.		0.	3,551.
119	gutters	02/01/96	SL	5.00		16	1,016.				1,016.	1,016.		0.	1,016.
120	deck	11/01/96	SL	5.00		16	5,232.				5,232.	5,232.		0.	5,232.
121	remodel for wheelchairs	05/01/00	SL	5.00		16	35,236.				35,236.	35,236.		0.	35,236.
122	remodel french doors	10/01/02	SL	5.00		16	5,799.				5,799.	5,799.		0.	5,799.
123	Cameras	03/01/17	SL	5.00		16	7,563.				7,563.	7,563.		0.	7,563.
124	Windows	01/01/18	SL	10.00		16	8,747.				8,747.	4,738.		875.	5,613.
125	Attic Insulation	06/01/19	SL	20.00		16	16,956.				16,956.	3,391.		848.	4,239.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
126	Boiler	02/01/23	SL	5.00		16	15,200.				15,200.	1,013.		3,040.	4,053.
127	house	11/01/85	SL	20.00		16	107,652.				107,652.	107,652.		0.	107,652.
128	furnance/remodel	06/01/89	SL	5.00		16	6,605.				6,605.	6,605.		0.	6,605.
129	add bedroom	05/01/92	SL	5.00		16	3,393.				3,393.	3,393.		0.	3,393.
130	deck/walkway	06/01/98	SL	5.00		16	2,445.				2,445.	2,445.		0.	2,445.
131	remodel downstairs apt	03/01/04	SL	20.00		16	81,517.				81,517.	62,497.		4,076.	66,573.
132	kitchen remodel	07/01/07	SL	5.00		16	13,899.				13,899.	13,899.		0.	13,899.
133	Cameras	04/01/17	SL	5.00		16	5,125.				5,125.	5,125.		0.	5,125.
134	Bathroom Remodel	04/01/17	SL	20.00		16	7,194.				7,194.	719.		360.	1,079.
135	39 Hogan - purchase	01/01/23	SL	20.00		16	374,000.				374,000.	7,792.		18,700.	26,492.
136	39 Hogan - remodel	01/01/23	SL	20.00		16	141,206.				141,206.	2,942.		7,060.	10,002.
137	162 Eagle Ridge - purchase	01/01/23	SL	20.00		16	401,090.				401,090.	8,356.		20,055.	28,411.
138	162 Eagle Ridge - remodel	01/01/23	SL	20.00		16	159,282.				159,282.	3,318.		7,964.	11,282.
139	MINTURN DAY (including remodel)	01/01/13	SL	20.00		16	265,471.				265,471.	122,856.		13,274.	136,130.
140	construction	07/01/90	SL	20.00		16	143,641.				143,641.	143,641.		0.	143,641.
141	basement fin/landsc	03/01/91	SL	5.00		16	13,788.				13,788.	13,788.		0.	13,788.
142	remodel/carpet	11/01/93	SL	5.00		16	2,284.				2,284.	2,284.		0.	2,284.
143	licardi remodel	03/01/94	SL	5.00		16	2,374.				2,374.	2,374.		0.	2,374.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
144	protex	03/01/94	SL	5.00		16	1,945.				1,945.	1,945.		0.	1,945.
145	retaining wall	10/01/97	SL	5.00		16	1,665.				1,665.	1,665.		0.	1,665.
146	redo walkway	11/01/00	SL	5.00		16	9,297.				9,297.	9,297.		0.	9,297.
147	remodel for emp apt	01/01/09	SL	5.00		16	17,500.				17,500.	17,500.		0.	17,500.
148	acme alarm upgrade	01/01/09	SL	5.00		16	6,895.				6,895.	6,895.		0.	6,895.
149	remodel upstairs kitchen	01/01/09	SL	5.00		16	12,511.				12,511.	12,511.		0.	12,511.
150	Roof Replacement	06/01/19	SL	20.00		16	10,925.				10,925.	2,185.		546.	2,731.
151	Kitchen Addition	11/01/20	SL	20.00		16	7,341.				7,341.	948.		367.	1,315.
152	Deck Replacement	01/01/21	SL	10.00		16	9,960.				9,960.	2,407.		996.	3,403.
153	Deck Replacement	04/01/23	SL	10.00		16	6,100.				6,100.	102.		610.	712.
154	construction	07/01/90	SL	10.00		16	116,747.				116,747.	116,747.		0.	116,747.
155	basement	12/01/91	SL	5.00		16	8,902.				8,902.	8,902.		0.	8,902.
156	floors by design	05/01/94	SL	5.00		16	1,113.				1,113.	1,113.		0.	1,113.
157	retaining wall	10/01/97	SL	5.00		16	1,665.				1,665.	1,665.		0.	1,665.
158	remodel apt a	06/01/99	SL	5.00		16	14,929.				14,929.	14,929.		0.	14,929.
159	redo walkway	11/01/01	SL	5.00		16	7,035.				7,035.	7,035.		0.	7,035.
160	Sprinkler/alarm	11/01/15	SL	20.00		16	20,226.				20,226.	7,248.		1,011.	8,259.
161	Finish sprinkler/alarm	11/01/15	SL	20.00		16	39,006.				39,006.	13,977.		1,950.	15,927.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
162	Sprinkler/alarm	11/01/17	SL	20.00		16	17,954.				17,954.	5,012.		898.	5,910.
163	Roof Replacement	06/30/19	SL	20.00		16	10,925.				10,925.	2,185.		546.	2,731.
164	Deck Replacement	05/31/23	SL	10.00		16	7,900.				7,900.	66.		790.	856.
165	weaving store	06/01/96	SL	30.00		16	627,131.				627,131.	566,157.		20,902.	587,059.
166	awning	09/01/96	200DB	5.00	HY	17	5,150.				5,150.	5,150.		0.	5,150.
167	cahill painting front	10/01/98	200DB	5.00	HY	17	4,200.				4,200.	4,200.		0.	4,200.
168	west bldg-doors/front	11/01/98	200DB	5.00	HY	17	3,020.				3,020.	3,020.		0.	3,020.
169	tri county fire alarm	02/01/13	SL	5.00		16	11,444.				11,444.	11,444.		0.	11,444.
170	Roof	11/01/15	SL	30.00		16	23,045.				23,045.	5,377.		768.	6,145.
171	Boiler	03/01/16	SL	5.00		16	10,469.				10,469.	10,469.		0.	10,469.
172	Windows	02/01/17	SL	10.00		16	8,118.				8,118.	5,141.		812.	5,953.
173	purchase	12/01/93	SL	20.00		16	73,977.				73,977.	73,977.		0.	73,977.
174	imp	11/01/94	SL	5.00		16	5,628.				5,628.	5,628.		0.	5,628.
177	vail Red Sandstone A	01/01/99	SL	20.00		16	146,328.				146,328.	146,328.		0.	146,328.
178	roof assessment	09/01/10	SL	5.00		16	11,980.				11,980.	11,980.		0.	11,980.
179	Lenard House	12/31/02	SL	20.00		16	110,000.				110,000.	110,000.		0.	110,000.
180	vail apt B-9	01/01/99	SL	20.00		16	146,328.				146,328.	146,328.		0.	146,328.
181	roof assessment	09/01/10	SL	5.00		16	11,980.				11,980.	11,980.		0.	11,980.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
182	Moki Rifle/Vista	06/01/99	SL	20.00		16	146,661.				146,661.	146,661.		0.	146,661.
183	remodel for group hm	12/01/99	SL	20.00		16	34,490.				34,490.	34,490.		0.	34,490.
184	redo deck	11/01/00	SL	5.00		16	6,656.				6,656.	6,656.		0.	6,656.
185	pave drive, add parking	11/01/01	SL	5.00		16	19,155.				19,155.	19,155.		0.	19,155.
186	garage to bedroom	04/30/06	SL	20.00		16	40,134.				40,134.	34,424.		2,007.	36,431.
187	webster - deck	04/01/08	SL	5.00		16	8,867.				8,867.	8,867.		0.	8,867.
188	stair chair/bathroom	04/01/15	SL	5.00		16	21,102.				21,102.	21,102.		0.	21,102.
189	Swamp cooler	06/01/16	SL	5.00		16	3,065.				3,065.	3,065.		0.	3,065.
190	Cameras	01/01/17	SL	5.00		16	5,290.				5,290.	5,290.		0.	5,290.
191	Boiler	10/01/18	SL	5.00		16	10,249.				10,249.	10,249.		0.	10,249.
193	Mesa View	04/01/02	SL	20.00		16	244,588.				244,588.	244,588.		0.	244,588.
194	remodel for license	06/01/02	SL	20.00		16	30,862.				30,862.	30,862.		0.	30,862.
195	fire sprinkler	05/01/10	SL	5.00		16	12,741.				12,741.	12,741.		0.	12,741.
196	50% Deposit new bathroom	07/01/22	SL	20.00		16	4,600.				4,600.	230.		230.	460.
197	Bathroom Remodel	07/31/22	SL	20.00		16	5,424.				5,424.	249.		271.	520.
198	New kitchen counter tops	06/30/22	SL	5.00		16	7,665.				7,665.	1,533.		1,533.	3,066.
199	Last	07/30/02	SL	20.00		16	30,350.				30,350.	30,350.		0.	30,350.
200	Edwards House	11/30/05	SL	20.00		16	329,082.				329,082.	291,921.		16,454.	308,375.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
201	sprinkler sys	08/01/06	SL	5.00		16	6,031.				6,031.	6,031.		0.	6,031.
202	Boiler	02/28/23	SL	5.00		16	6,120.				6,120.	408.		1,224.	1,632.
203	Guay Apt	04/01/07	SL	20.00		16	186,201.				186,201.	151,288.		9,310.	160,598.
204	VA RD PCA	02/01/18	SL	20.00		16	294,398.				294,398.	79,733.		14,720.	94,453.
205	BOOKCLIFF HS	09/01/07	SL	20.00		16	365,768.				365,768.	291,202.		18,288.	309,490.
206	Improvements	09/01/08	SL	5.00		16	7,408.				7,408.	7,408.		0.	7,408.
207	Improvements	11/01/10	SL	20.00		16	40,575.				40,575.	25,698.		2,029.	27,727.
208	Septic System	07/31/18	SL	15.00		16	10,985.				10,985.	3,601.		732.	4,333.
209	New Well Pressure Tank and Line	08/31/22	SL	15.00		16	7,449.				7,449.	414.		497.	911.
210	SILT DAY	02/28/09	SL	20.00		16	414,370.				414,370.	296,965.		20,719.	317,684.
211	Remodel for move in	06/30/09	SL	20.00		16	29,323.				29,323.	29,323.		0.	29,323.
212	Sewer Replacement	12/31/17	SL	20.00		16	7,625.				7,625.	1,775.		381.	2,156.
213	Painting	11/30/22	SL	5.00		16	10,050.				10,050.	1,173.		2,010.	3,183.
214	Asst Day Director Office - remodel	02/29/24	SL	15.00		16	8,775.				8,775.			195.	195.
215	Day Program Kitchen Remodel	04/30/24	SL	15.00		16	35,647.				35,647.			147.	147.
216	Retaining Wall - Good Earth Landscaping	07/31/23	SL	10.00		16	8,559.				8,559.			785.	785.
217	Irrigation System	10/25/23	SL	10.00		16	9,514.				9,514.			634.	634.
218	Oakhust Fire Panel	09/30/23	SL	10.00		16	5,961.				5,961.			447.	447.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
219	Bebrem LLC - New windows	02/29/24	SL	10.00		16	29,930.				29,930.			998.	998.
220	Fire Alarm Upgrade - Acme Alarm Co	07/31/23	SL	10.00		16	5,156.				5,156.			473.	473.
221	Fire Alarm Panel	04/30/24	SL	5.00		16	9,567.				9,567.			319.	319.
	* 990 Page 10 Total Buildings						7494987.				7494987.	5255207.		240,715.	5495922.
	Transportation Equipment														
1	(D)wheelchair van 2002 lift under	06/01/02	SL	4.00		16	57,154.				57,154.	57,154.		0.	57,154.
2	(D)med van caravanw/lift 49786	10/01/02	SL	4.00		16	37,875.				37,875.	37,875.		0.	37,875.
3	Supreme Corporation wheellchair	01/01/10	SL	4.00		16	51,505.				51,505.	51,505.		0.	51,505.
4	New Ford Truck White GH	05/01/10	SL	5.00		16	29,970.				29,970.	29,970.		0.	29,970.
5	Enterprise purchase 2008 Chevy Equinox	06/01/13	SL	4.00		16	4,379.				4,379.	4,379.		0.	4,379.
6	Enterprise purchase 2208 checy llj576	11/01/13	SL	5.00		16	851.				851.	851.		0.	851.
7	Lewis Bus Group MV-1	05/01/15	SL	5.00		16	43,450.				43,450.	43,450.		0.	43,450.
8	Davey Coach MV-1	02/01/17	SL	5.00		16	47,250.				47,250.	47,250.		0.	47,250.
9	White E-350 Ford Bussete	06/01/17	SL	5.00		16	60,171.				60,171.	60,171.		0.	60,171.
10	2013 Chevy Van	05/01/18	SL	5.00		16	2,438.				2,438.	2,438.		0.	2,438.
11	2013 Prius 1	05/01/18	SL	5.00		16	2,606.				2,606.	2,606.		0.	2,606.
12	2013 Prius 2	05/01/18	SL	5.00		16	2,606.				2,606.	2,606.		0.	2,606.
13	2013 Ford Flex	05/01/18	SL	5.00		16	3,574.				3,574.	3,574.		0.	3,574.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
14	2019 Braun Entervan 1	03/01/19	SL	5.00		16	42,839.				42,839.	42,745.		94.	42,839.
15	2019 Norcal 6 Passenger Van	06/01/19	SL	5.00		16	57,927.				57,927.	46,342.		11,585.	57,927.
16	2019 Braun Entervan 2	12/31/19	SL	5.00		16	42,839.				42,839.	29,987.		8,568.	38,555.
17	2015 Prius	02/28/20	SL	5.00		16	3,709.				3,709.	2,473.		742.	3,215.
18	2014 Prius	02/28/20	SL	5.00		16	2,242.				2,242.	1,495.		448.	1,943.
19	2019 Champion Crusader	02/28/20	SL	5.00		16	64,622.				64,622.	43,081.		12,924.	56,005.
192	2015 Nissan Leaf	10/06/23	SL	5.00		16	11,000.				11,000.			1,467.	1,467.
	* 990 Page 10 Total Transportation Equipment						569,007.				569,007.	509,952.		35,828.	545,780.
	Land														
72	700 mt sopris dr	07/01/17	L	.000			12,650.				12,650.			0.	
73	oakhurst	07/01/17	L	.000			20,000.				20,000.			0.	
74	Columbine - Eagle Ridge	07/01/22	L	.000			58,910.				58,910.			0.	
75	Columbine - Hogan	07/01/22	L	.000			26,000.				26,000.			0.	
76	pitkin hs	07/01/17	L	.000			15,000.				15,000.			0.	
78	sopris hs	07/01/17	L	.000			14,500.				14,500.			0.	
79	grand gh	07/01/17	L	.000			25,101.				25,101.			0.	
80	grand pca	07/01/17	L	.000			25,000.				25,000.			0.	
81	glen park lot	07/01/17	L	.000			39,938.				39,938.			0.	

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
82	wv bldg	07/01/17	L	.000			108,730.				108,730.				0.
83	moki land	06/01/99	L	.000			40,000.				40,000.				0.
84	mesa view	06/01/99	L	.000			40,000.				40,000.				0.
85	lenard hs rifle	07/01/17	L	.000			14,525.				14,525.				0.
86	edwards house	07/01/17	L	.000			40,000.				40,000.				0.
87	rulison property	10/01/07	L	.000			175,000.				175,000.				0.
88	silt day prog home st	02/01/09	L	.000			120,750.				120,750.				0.
89	VA RD PCA	02/01/18	L	.000			67,000.				67,000.				0.
	* 990 Page 10 Total Land						843,104.				843,104.	0.		0.	0.
	Other														
175	purchase	08/01/97	SL	20.00		16	162,524.				162,524.	162,524.		0.	162,524.
176	remodel basemnt apt	07/01/99	SL	20.00		16	16,564.				16,564.	16,564.		0.	16,564.
	* 990 Page 10 Total Other						179,088.				179,088.	179,088.		0.	179,088.
	* Grand Total 990 Page 10 Depr						9086186.				9086186.	5944247.		276,543.	6220790.
	Current Year Activity														
	Beginning balance						8962077.			0.	8962077.	5944247.			6215325.
	Acquisitions						124,109.			0.	124,109.	0.			5,465.

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Mountain Valley Developmental Services

Form 990 Page 10

84-0687930

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,160,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,890,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	274,450.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2023	17	2,093.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 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 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	276,543.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year:					
43 Amortization of costs that began before your 2023 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44