EXTENDED TO OCTOBER 17, 2022

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning \overline{DEC} 1, 2020 2021 and ending NOV 30, Check if applicable: C Name of organization D Employer identification number AIM INC Address change DBA AIM FOR THE HANDICAPPED, Name change 31-6059936 Initial return Number and street (or P.O. box if mail is not delivered to street address) É Telephone number Room/suite Final return/ 945 DANBURY ROAD 937-294-4611 1,215,321. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended DAYTON, OH 45421 H(a) Is this a group return Applica-F Name and address of principal officer DR JO GEIGER for subordinates?L __Yes لϪ No pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.AIMFORTHEHANDICAPPED.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust L Year of formation; 1958 M State of legal domicile; OH Part I Summary Briefly describe the organization's mission or most significant activities: OUR GOAL IS TO HELP INDIVIDUALS Governance WITH VISUAL HANDICAPS, HEARING IMPAIRMENTS, EMOTIONAL OR LEARNING Check this box Lift the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 7 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 8 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 376,497. 451,418.Revenue Ō. Ō. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,089. $1\overline{23}, 0\overline{52}$. -345 128,748. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 392,241 703,218. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Ō. 14 Benefits paid to or for members (Part IX, column (A), line 4) Ō. 654,754. 375,938. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, corp., column (A), line 11e)

16a Professional fundraising fees (Part IX, column (A), line 11e)

72,277. 112,523. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 120,728. 18 Total expenses. Add lines 13-17 (must equal Part iX, column (A), line 25) 767,277. 496,666. -375,036. Revenue less expenses. Subtract line 18 from line 12 206,552. **Beginning of Current Year** End of Year 1,737,779. 1,675,018. 20 Total assets (Part X, line 16) 28,607. 317,426. Total liabilities (Part X, line 26) let / 1,709,172. 357,592. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign DR JO GEIGER, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature 10/11/22|"self-employed Paid ₱00197560 TODD R. ROBERTS CPA TODD R. ROBERTS CPA WARE & SCHOENFELD, Preparer Firm's name BRADY, Firm's EIN **35-1476702** Firm's address 3601 RIGBY ROAD SUITE 400 Use Only DAYTON, OH 45342 Phone no. (937) 223-5247 May the IRS discuss this return with the preparer shown above? See instructions X Yes L Form 990 (2020)

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OUR GOAL IS TO HELP INDIVIDUALS WITH VISUAL HANDICAPS, HEARING
	IMPAIRMENTS, EMOTIONAL OR LEARNING DISABILITIES, AUTISM AND ORTHOPEDIC
	OR COORDINATION PROBLEMS TO ACHIVE THEIR HIGHEST POTENTIAL THROUGH THE
	AIM METHOD OF SPECIALIZED MOVEMENT EDUCATION. WE COMPLETE THIS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	if "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 163,276 • including grants of \$) (Revenue \$ 6,441 •)
	SCHOOL PROGRAM - WE GO INTO THE GREATER MIAMI VALLEY/DAYTON AREA SCHOOL
	SYSTEMS AND WORK IN CONJUNCTION WITH THE CLASSROOM TEACHERS TO PROVIDE
	THE AIM METHOD FOR SCHOOL AGE CHILDREN FROM PRESCHOOL THROUGH HIGH
	SCHOOL. THE AIM METHOD IS A FOUR-LEVEL MOVEMENT PROGRAM, ALWAYS DONE
	TO MUSIC THAT RETRAINS THE BRAIN AND AIDS IN THE DEVELOPMENT AND
	IMPROVEMENT OF FINE AND GROSS MOTOR SKILLS, FOCUSING, FOLLOWING
	DIRECTIONS, AS WELL AS BALANCE AND COORDINATION. WE ALSO PROVIDE OUR
	SESSIONS WITHIN OTHER NONPROFIT ORGANIZATIONS THAT HAVE SERVICES FOR
	DISABLED PRESCHOOLERS AND TODDLERS.
	DURING THIS FISCAL YEAR WE PROVIDE 128 CLASSES, FOR 36 WEEKS TO 1,380 CHILDREN FOR A TOTAL OF 23,488 TIMES CHILDREN RECEIVED AIM IN SCHOOLS.
	CHILDREN FOR A TOTAL OF 23,400 TIMES CHILDREN RECEIVED AIR IN SCHOOLS.
4b	(Code:) (Expenses \$102,603 - including grants of \$) (Revenue \$)
70	(Code:) (Expenses \$ 102,005 including grants of \$) (Revenue \$) ONE-ON-ONE SESSIONS - WE PROVIDE THEM FOR CHILDREN THAT ARE NOT IN
	SCHOOL DURING THE SCHOOL YEAR AND WE ALSO HAVE A SUMMER PROGRAM THAT
	ANY CHILD CAN ATTEND DURING THE DURING SUMMER BREAK FROM SCHOOL. THESE
	ONE-ON-ONE SESSIONS ARE CONDUCTED AT THE NANCY LOPEZ TRAINING CENTER IN
	DAYTON, OHIO. CHILDREN THAT COME TO OUR TRAINING CENTER GO THROUGH THE
	AIM METHOD ONCE A WEEK AT THE SAME TIME EVERY WEEK. CONSISTENCY AND
	REPETITION ARE KEY IN THE AIM METHOD. THESE TWO ELEMENTS TEACH TIMING
	AND CONCENTRATION, WHICH IMPROVE ALL AREAS OF LEARNING, SPEAKING,
	READING, WRITING AND RETENTION. SELF-CONFIDENCE AND ESTEEM ARE ALSO
	ENHANCED. THE ONE-ON-ONE SESSIONS INCLUDE SPECIALIZED RHYTHMICAL
	MOVEMENTS, GROSS MOTOR MOVEMENTS, AND CREATIVE MOVEMENT USING GAMES,
	SONGS, AND OTHER ACTIVITIES TO ENCOURAGE AND ENHANCE MOVEMENT FOR
4c	(Code:) (Expenses \$ 45,486 • including grants of \$) (Revenue \$
	THE AIM METHOD IS ADAPTABLE FOR ANY PERSON AT ANY AGE. AIM IS ALSO
	PROVEN TO BE BENEFICIAL FOR BRAIN DAMAGE, MEMORY DISORDERS, SUCH AS
	DEMENTIA AND ALZHEIMER'S, ARTHRITIS, AND/OR ORTHOPEDIC CONDITIONS SO WE
	ARE CONDUCTING OUR THIRTY-MINUTE SESSIONS IN COLLABORATING WITH OTHER
	NONPROFIT ORGANIZATIONS SERVING ADULTS WITH DISABILITIES. DURING THE
	FISCAL YEAR WE PROVIDE SERVICES 49 CLASSES IN FACILITIES SERVING 180
	INDIVIDUALS FOR A TOTAL OF 8,820 SESSIONS OF AIM.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 6,163. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 317,528.
	Form 990 (2020)

14231011 795339 13924.000

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-0047

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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of	this form, visit www.irs.gov/e-file-providers/e-file-for-char	rities-and-ı	non-profits.								
Autor	natic 6-Month Extension of Time. Only subn	nit origin	al (no copies needed).								
All corp	porations required to file an income tax return other than F se Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partners	nips, REMIC	S, and trusts						
Type o print	AIM INC			Taxpaye	r identification	number (TIN)					
File by the	for Number, street, and room or suite no. If a P.O. box, s		······································		31-605	9936					
return. Se instructio	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DAYTON, OH 45421										
Enter th	ne Return Code for the return that this application is for (fi	le a separa	ate application for each return)		*************	0 1					
Applica	ation	Return	I ''			Return					
ls For		Code	Is For			Code					
	90 or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 9		02	Form 1041-A			08					
	720 (individual)	03	Form 4720 (other than individual	1		09					
Form 9		04	Form 5227			10					
	90-T (sec. 401(a) or 408(a) trust) 90-T (trust other than above)	05 06	Form 6069 Form 8870			11 12					
Tele If the	books are in the care of ▶ 945 DANBURY RO. phone No. ▶ 937-294-4611 e organization does not have an office or place of busines s is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶	s in the Ur Group Exe	Fax No. Fax No	. If this is fo	r the whole gro	pup, check this					
tr	x ▶ 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. I request an automatic 6-month extension of time until OCTOBER 17, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ calendar year or ▶ tax year beginning DEC 1, 2020 , and ending NOV 30, 2021										
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less								
_	ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	anter on	v refundable credite and	3a	\$	0.					
	stimated tax payments made. Include any prior year overp			3b	\$	0.					
	alance due. Subtract line 3b from line 3a. Include your pa			JD .	Ψ						
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.					
	n: If you are going to make an electronic funds withdrawal										

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

Form 8868 (Rev. 1-2020)

DBA AIM FOR THE HANDICAPPED, INC. 31-6059936 Page 3 Part IV | Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Form 990 (2020) 032003 12-23-20

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

or more? If "Yes," complete Schedule F, Parts I and IV

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

14a

14b

15

16

17

19

20a

20b

X 18

X

X

X

X

X

X

X

Part IV Checklist of Required Schedules (continued)

			res	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			77
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	-	X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
.1	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	<u> </u>	X
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L., Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1.5	
_	instructions, for applicable filing thresholds, conditions, and exceptions):		12 pt 12 pt	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			- T
h	"Yes," complete Schedule L, Part IV	28a		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	28b		
Ĭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7.7
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		X
	within the manning of costion 510/h/10/2 if "Voc " complete School in D. Dort V. Kon O.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4	Entartha number annotad in Day 0 of Entartha nature of the control		Yes	No
па b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			gas.
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?			Date (A)
02200	12-22-20	1c	000	

2020) DBA AIM FOR THE HANDICAPPED, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			11.11
	filed for the calendar year ending with or within the year covered by this return 2a 2	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		41.55	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	X
D	If "Yes," enter the name of the foreign country		egg.	
E.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	y many transfer and the state of the a party to a promotion tax sheller transaction?	5b		X
63	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			177
h	any contributions that were not tax deductible as charitable contributions?	6a		X
ט	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).	6b		<u> </u>
a				-
b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		_
Ū	to file Form 8282?	l _		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7с		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	: (C.)	: :	1877
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		* **
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			200
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1,64
40	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			::::
	Section 501(c)(29) qualified nonprofit health insurance issuers.	11.7		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	125	3.43	
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
•	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand Did the organization receive any payments favind containing and in the c	4.50		
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report those payments? If "No " provide or available of the file of t	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
.~	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			₩
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		<u>X</u>
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			v
-	If "Yes," complete Form 4720, Schedule O.	16		<u>X</u>
		Form	990 <i>(</i>	2020)

Form 990 (2020) DBA AIM FOR THE HANDICAPPED, INC. 31-6059936 Page 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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		4.4	
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	narrows other than the government had a	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b		8b	X	
9	ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
	The second 2 requests in a matter about parious not required by the internal revenue code.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	.2.0		
_	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	- 1-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			11.4
а	The organization's CEO, Executive Director, or top management official	150	X	11.
	Other officers or key employees of the organization	15a 15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	147		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iva		**
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	2.21.2	.1
Sec	tion C. Disclosure	IOD		
17	List the states with which a copy of this Form 990 is required to be filed ▶OH			
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	avails	able
	for public inspection. Indicate how you made these available. Check all that apply.	o orny	,	
	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, an	d finor	reist	
	statements available to the public during the tax year.	a unici	wai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DR. JO GEIGER - 937-294-4611			
	945 DANBURY ROAD, DAYTON, OH 45421			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box.	Pos (do not check box, unless pe officer and a d			than is bo	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
•	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DR JO GEIGER NATL EXECUTIVE DIRECTOR	40.00			X				106,000.	0.	274,000.
(2) NANCY LOPEZ	1.00	\vdash		-25		┢┈	-	100,000.	V •	2/4,000.
BOARD MEMBERS	1.00	$ _{\mathbf{x}} $						0.	0.	0.
(3) STEVE HARDIN	1.00		_			┪				
BOARD MEMBERS		x						0.	0.	0.
(4) DICK LANGE	1.00									
BOARD MEMBERS		X						0.	0.	0.
(5) JOHN VOSS	1.00							_	_	
PRESIDENT	1 00	Х		X		<u> </u>		0.	0.	0.
(6) JOE MORGAN BOARD MEMBERS	1.00	,						_		•
(7) GREG STOUT	1.00	X						0.	0.	0.
TREASURER	1.00	x		x				0.	0.	0.
(8) JOHN DIRKSING	1.00	Δ				├—		V •	V •	U •
BOARD MEMBERS	7.00	$ _{\mathbf{x}} $						0.	0.	0.
								w ·		

	· · · · · · · · · · · · · · · · · · ·									

032007 12-23-20

	1 990 (2020)	DBA	AIM :	FOR THE	H	ĀИJ	DIC	CA.	PPI	ED	, INC.	31-6	059	936	P	age 8
Pa	rt VII Section A. Offi	cers, Direc	ctors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and	title		(B) Average hours per week	per k Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n i	am	(F) imate ount other	of
				(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		orga and	ensa om the inizat relat nizati	e ion ed
					1											

															•	
			····													
		•••														

	Subtotal										106,000.		0.	274	.,0	
	Total from continuat Total (add lines 1b at										106,000.		0.	274	L n	0 .
2		duals (inclu	ıding but n								eceived more than \$100	,000 of reportabl				1
	on portoacor nom a	o organizat												T	Yes	No
3	line 1a? If "Yes," comp	olete Sched	dule J for s	uch individual							hest compensated emp	***************************************		3		X
4	For any individual liste and related organizati										her compensation from for such individual	the organization	****	4	x	411.
5	Did any person listed rendered to the organ							_		elat	ed organization or indivi	dual for services		5	EX	X
	tion B. Independent C	ontractors	3													
1		-	-	•							hat received more than the organization's tax y		pens	ation fr	om	
			(A) business			ONE					(B) Description of s		c	(C) ompen		n
	118.012-11				•											
,										\neg	· (10) ////////////////////////////////////					
																-

2	Total number of indep				ot lir	nite	d to	thos		ted	above) who received m	ore than	7.8-41 14:77			
	\$150,500 or compens	adon HOIII	urc organiz	ALIOI I	···				-					Form 9	90 (2	2020)

Form 990 (2020) DBA AIM FOR THE HANDICAPPED, INC. 31-6059936 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Œ (C) Revenue excluded Total revenue Related or exempt Unrelated function revenue business revenue from tax under sections 512 - 514 Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b 196,203. c Fundraising events 1c d Related organizations 1d 70,000. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 185,215 15,533. g Noncash contributions included in lines 1a-1f | 1g |\$ 451,418 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 27,538. 27,538. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 516,230. assets other than inventory b Less: cost or other basis Other Revenue 7b 420,716. and sales expenses c Gain or (loss) 7c 95,514. d Net gain or (loss) 95,514. 95,514. 8 a Gross income from fundraising events (not including \$ 196,203. of contributions reported on line 1c). See Part IV, line 18 8a 213,694 91,387. b Less: direct expenses 8b 122,307. 122,307. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a MISCELLANEOUS 900099 6,441. 6,441. b d Ali other revenue e Total. Add lines 11a-11d 6,441.

703,218.

Total revenue. See instructions

6,441.

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				
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 organ and domestic governments. See Part IV, line 2:	1			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and t individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members			i de la companya de La companya de la co	
5 Compensation of current officers, directo trustees, and key employees	· 1	71,820.	10,260.	20,520.
6 Compensation not included above to disqualifie persons (as defined under section 4958(f)(1)) a persons described in section 4958(c)(3)(B)	and			
7 Other salaries and wages	198,769.	122,410.	47,138.	29,221.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions	1			
9 Other employee benefits	42,509.	29,029.	9,649.	3,831.
10 Payroll taxes		21,894.	7,277.	2,889.
11 Fees for services (nonemployees):				
a Management			***************************************	···
b Legal			3,317.	
c Accounting	3,425.		3,425.	
d Lobbying				
e Professional fundraising services. See Part IV,	· · · · · · · · · · · · · · · · · · ·	Kanggan sa menggang yelebi	6,516.	
f Investment management fees g Other. (If line 11g amount exceeds 10% of line			0,5770.	
g Other. (If line 11g amount exceeds 10% of line column (A) amount, list line 11g expenses on S	1	-		
12 Advertising and promotion				
13 Office expenses		1,506.	418.	
14 Information technology				***************************************
15 Royalties				
16 Occupancy		12,709.	3,950.	
17 Travel	262	363.		
18 Payments of travel or entertainment expe				
for any federal, state, or local public officia	I E			
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,900.	20,315.	3,585.	
23 Insurance	5,575.	4,557.	1,018.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e line 24e amount exceeds 10% of line 25, colum amount, list line 24e expenses on Schedule 0.)	n (A)			
a TRANSPORTATION	21,547.	14,477.	2,357.	4,713.
ь SUPPLIES	17,410.	10,020.	7,186.	204.
c MERCHANT AND BANK FEE		F 452	73.	10,196.
d TELEPHONE	7,031.	5,976.	352.	703.
e All other expenses	2,792.	2,452.	340.	70 077
25 Total functional expenses. Add lines 1 through		317,528.	106,861.	72,277.
26 Joint costs. Complete this line only if the organ reported in column (B) joint costs from a comb	1			
educational campaign and fundraising solicitati	1			
Check here if following SOP 98-2 (ASC 958	1			
032010 12-23-20	/]			Form 990 (2020

Form 990 (2020)
Part X Balance Sheet

	11.	Check if Schedule O contains a response or no	te to a	ny line in this Part Y			
		Cindoral Compagno O Containo a response or no	ac to a	IY IIIO III UIIO I CACX	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			127,639.	1	339,128.
	2	Savings and temporary cash investments	*********		200,072.	2	100,120.
	3	Pledges and grants receivable, net				3	······································
	4	Accounts receivable, net	***************************************		4		
	5	Loans and other receivables from any current of		To the second of the second of the			
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual			g in the second second second		salusanii mittaa
		under section 4958(f)(1)), and persons describe	The state of the s	6			
ş	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Characteristics and a second of the second of the				9	
	10a	Land, buildings, and equipment: cost or other	1			71.71	Alternative superior state of the state of t
		basis. Complete Part VI of Schedule D	10a	297,241.			
	b	Less: accumulated depreciation	10b		119,599.	10c	95,699.
	11	Investments - publicly traded securities	-		11	-	
	12	Investments - other securities. See Part IV, line		1,290,469.	12	1,140,071.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ		1,737,779.	16	1,675,018.	
	17	Accounts payable and accrued expenses	381.	17	289,200.		
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete			21		
so.	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs		i i			
abi		controlled entity or family member of any of the		· · · · · · · · · · · · · · · · · · ·	per la comprese de l La comprese de la comprese de	22	the second terms of the first of the second terms.
=	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate			28,226.	24	28,226.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			28,607.	26	317,426.
(0		Organizations that follow FASB ASC 958, che	eck he	e ▶ X	man and a second second		
ĕ		апd complete lines 27, 28, 32, and 33.					
Ē	27	Net assets without donor restrictions			1,709,172.	27	1,357,592.
Ba	28	Net assets with donor restrictions				28	
n n		Organizations that do not follow FASB ASC 9			Attended to the second second	25.5	and the management of
Net Assets or Fund Balances		and complete lines 29 through 33.				land. Land	
ts o	29	Capital stock or trust principal, or current funds				29	
sset	30	Paid-in or capital surplus, or land, building, or ed				30	
t As	31	Retained earnings, endowment, accumulated in				31	
Se	32	Total net assets or fund balances			1,709,172.	32	1,357,592.
	33	Total liabilities and net assets/fund balances .	<u></u>		1,737,779.	33	1,675,018.

Form	1990 (2020) DBA AIM FOR THE HANDICAPPED, INC.	31-	60599	36	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	·········				
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u> 18.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				66.
3	Revenue less expenses. Subtract line 2 from line 1	3				52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,			72.
5	Net unrealized gains (losses) on investments	5		-2	2,7	55.
6	Donated services and use of facilities	6	····			
7	Investment expenses	7				
8	Prior period adjustments	8	_	555	, 3	77.
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	1,	357	, 5	92.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				11.0	1.4
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			1	
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				X.Q	13.50
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?			3а		X
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		dit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

032012 12-23-20

Form 990 (2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization AIM INC Employer identification number DBA AIM FOR THE HANDICAPPED, 31-6059936 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) is the groanization listed (iii) Type of organization (vi) Amount of other (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions): Total

Schedule A (Form 990 or 990-EZ) 2020 DBA AIM FOR THE HANDICAPPED, INC. 31-60599

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	938,115.	1,106,226.	537,940.	376,497.	451,418.	3,410,196.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	938,115.	1,106,226.	537,940.	376,497.	451,418.	3,410,196.
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)						1,904,293.
	Public support, Subtract line 5 from line 4.	periodicity periodici	gggaran a garan na ang anisa na an		, Law Marat bat bee		1,505,903.
	ction B. Total Support						
	indar year (or fiscal year beginning in)		(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	938,115.	1,106,226.	537,940.	376,497.	451,418.	3,410,196.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 000	12 624	20 04 =	20 505	05 500	106 000
	and income from similar sources	1,083.	13,634.	32,215.	32,527.	27,538.	106,997.
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					<i></i>	~ 444
	assets (Explain in Part VI.)					6,441.	6,441.
	Total support. Add lines 7 through 10	1747 (111.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			AND BUILDING WA	<u> </u>	3,523,634.
	Gross receipts from related activities,	. ,	/			12	
13	First 5 years. If the Form 990 is for the						. —
800	organization, check this box and stor						> L
	ction C. Computation of Publ						42.74 %
14	Public support percentage for 2020 (I	ine 6, column (1), a	iivided by line 11, o	column (t))		14	47 67
	Public support percentage from 2019					15	
IUa	33 1/3% support test - 2020. If the c						
h	stop here. The organization qualifies 33 1/3% support test - 2019. If the o	as a publicly suppl	t chack a box on li		line 45 in 00 4 /00/		
u							
170	and stop here. The organization qual						
114	10% -facts-and-circumstances tes						
	and if the organization meets the fact meets the facts-and-circumstances to						
h	10% -facts-and-circumstances tes					7a and line 15 is:	
Ų	more, and if the organization meets the						10% QI
	organization meets the facts-and-circle						_
18	Private foundation. If the organization						
		did not oncon a i	55X 011 mile 10, 102	., 100, 11a, 01 170		dule A (Form 990	
						~~~~ ~ (1 0) 111 0 000	<u></u> ; <u>-</u>

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

Se	ction A. Public Support	olovi, plodeo celli	pioto i dit i,				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and		1				<u> </u>
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
=	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-			···			
7	ization's benefit and either paid to						
	or expended on its behalf	ĺ					
E		<u> </u>					
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				ļ		
	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		<u></u>		<u></u>		
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)		Andreas and a second			The second secon	
Sec	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses		•				
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is	ı					
12	regularly carried on Other income. Do not include gain						
_	or loss from the sale of capital	ı					
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First 5 years. If the Form 990 is for th	•			•		on,
<u> </u>	check this box and stop here	- Command Da					<b>P</b>
	tion C. Computation of Publi					T I	
	Public support percentage for 2020 (I					15	<u>%</u>
	Public support percentage from 2019					16	%
	tion D. Computation of Inves					1 1	· · · · · · · · · · · · · · · · · · ·
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the						7 is not
	more than 33 $1/3\%$ , check this box as	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiz	ation	▶□
b	33 1/3% support tests - 2019. If the	organization did n	ot check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box andst	<b>op here.</b> The orga	nization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organizatio		-			-	

#### Part IV **Supporting Organizations**

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

#### Section A. All Supporting Organizations

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

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Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			20.00
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		8.4.	
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.72		
	detail in Part VI.	11c	2.45.45	
Sec	tion B. Type I Supporting Organizations	L		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			-110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		122	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	2 mm m 2 mm m		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	1, 1, 1, 1, 1, 1	
Sec	tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		L	····
			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		71.0	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1575		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	* * * *	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	1 4 1 1 1	
Sec	tion 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 yeafsee instructions			
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	7S).	
2	Activities Test. Answer lines 2a and 2b below.	[	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	2.201361	23./
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	7980		
	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.	2ь	المنتاب	, id tii E
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
~	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	.a.v.t.f	127 11
b				
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	semili)	130 V V
<del></del>				

	rt V   Type III Non-Functionally Integrated 509(a)(3) Support			1-0039930 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		Lister Control of the Control	18 18 18 18 18 18 18 18 18 18 18 18 18 1
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors		et flagger and early	a contract of the contract
	(explain in detail in Part VI):	127 ) 1274		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		ated Type III supporting orga	nization (see
	instructions).	,31		

Schedule A (Form 990 or 990-EZ) 2020

AIM INC Schedule A (Form 990 or 990-EZ) 2020 DBA AIM FOR THE HANDICAPPED, INC. 31-6059936 Page 7 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 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 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 a From 2015 **b** From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2020

a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

### AIM INC

Schedule A	(Form 990 or 990-E	Z) 2020 DBA	AIM FO	R THE	HANDICAPI	PED,	INC.	31-6059936 Page 8
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec	I Information , lines 1, 2, 3b, 3 ction D, lines 2 a	<b>1.</b> Provide the 3c, 4b, 4c, 5a, 9 nd 3; Part IV, 5	explanati S, 9a, 9b, Section E,	ons required by Pa 9c, 11a, 11b, and lines 1c, 2a, 2b, 3a	rt II, line 11c; Part a, and 3b	10; Part II, line 17a c IV, Section B, lines ; Part V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V. Section B, line 1e; Part V.
······································	Section D, lines 5 (See instructions.	, 6, and 8; and F )	art V, Section	E, lînes 2,	5, and 6. Also con	nplete thi	s part for any addition	onal information.
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#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No. 1545-0047

Employer identification number

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

2020

AIM INC DBA AIM FOR THE HANDICAPPED, 31-6059936 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$___ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization AIM INC DBA AIM FOR THE HANDICAPPED, INC.

Employer identification number

31-6059936

I GILL	Containations (see instructions). Ose duplicate copies of Part Lif additions	ai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN VOSS  100 LOOP ROAD  CENTERVILLE, OH 45459	\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GARY & CHRISTINE SORENSON  6208 LANDINGS BLVD  LADY LAKE, FL 32159	\$21,800.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOHN & BETH BONDURANT  350 ISLAND VIEW DRIVE  PENHOOK, VA 24137	\$ <u>15,533.</u>	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PPP LOAN 409 3RD STREET SW WASHINGTON, DC 20416	\$ 70,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	AIM FOR PIN  92 E VAN LAKE DR  VANDALIA , OH 45377	\$ <u>13,560</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ARNOLD HUGHEY  3086 FREDERICK DR  VENICE , FL 32292-1700	\$ 10,125.	Person X Payroll

Name of organization AIM INC DBA AIM FOR THE HANDICAPPED, INC.

Employer identification number 31-6059936

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
7	DAVID NORTH 7890 SILVER LAKE LANE UNIT 101 MEMPHIS , TN 38119	\$32,900.	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	TED SCHUMACHER  2266 IMPERIAL GOLF COURSE BLVD  NAPLES , FL 34110	\$12,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	EDITHANN SIMS  23894 W DAYFOELD DR  PLAINFIELD , IL 60586	\$ 12,316.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	J.M SMUCKER COMPANY  ONE STRAWBERRY LANE  ORRIVLLE , OH 44667	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Moncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
220452 11 25		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization AIM INC DBA AIM FOR THE HANDICAPPED, INC.

Employer identification number

31-6059936

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is neede	ed.
and the second second		

(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FMV OF STOCKS		
		\$ 15,533.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	•
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page Page
Name of or AIM II			Employer identification number
	IM FOR THE HANDICAPPED	, INC.	31-6059936
Part III		utions to organizations described in s a) through (e) and the following line ent s, charitable, etc., contributions of \$1,000 or l	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year.
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(a) i dipose oi gine	(c) Ose of gift	(u) Description of now gift is neta
	***************************************	(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
_	Transferee's name, address, a	nd ZIP + 4	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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AIM INC

DBA AIM FOR THE HANDICAPPED TNC Employer identification number 31-6059936

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
			(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		nization during the tax
	year >		
4	Number of states where property subject to conservation ear	sement is located 🕨	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	***************************************	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservation e	asements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	· · · · · · · · · · · · · · · · · · ·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements t	hat describes the
15	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for put		ance of public
_	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	ce 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 treatment	•	provide
	the following amounts required to be reported under FASB A	<del>-</del>	
a	Revenue included on Form 990, Part VIII, line 1		. \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

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·		FOR THE H				0::	3	1-60	59936	Page 2
	1 4.34.mariono mamanini									ued)
3	Using the organization's acquisition, access	ion, and other record	is, chec	k any of the	following the	at make si	ignificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	d			change progr	am				
b	Scholarly research	е	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's or							e in Par	t XIII.	
5	During the year, did the organization solicit of							_	_	
-	to be sold to raise funds rather than to be m	aintained as part of t	the orga	nization's c	ollection?		*************	<u> L</u>	Yes	No No
Ра	rt IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" on	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
та	Is the organization an agent, trustee, custod								٦	
1	on Form 990, Part X?							ــــا	Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing '	table:			r			
	Phase and a contract of the co							······································	Amount	
c	Beginning balance	***************************************	••••••				. 1c			
a	Additions during the year						.   1d			
е	Distributions during the year						. 1e			
f	Ending balance						. 1f			<del> </del>
	Did the organization include an amount on F							ـــا	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	on has been	provided on	Part XIII		<u></u>		
Pa	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	1					
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (	d) Three yea	ırs back	(e) Four	ears back
1a	Beginning of year balance									
þ	Contributions									
¢	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				"-					
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	a, column (a	a)) held as:					
а	Board designated or quasi-endowment	•	%	<b>~</b> /	"					
b	Permanent endowment	%								
С	Term endowment ▶	<del></del> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	ered for th	e organizat	tion		
	by:						g		Г	res No
	(i) Unrelated organizations								3a(i)	100 110
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R2	*****************					
4	Describe in Part XIII the intended uses of the					•••••			I OU I	
	t VI Land, Buildings, and Equipm		AAIIICIIE	IUI103.						
Ц	Complete if the organization answered		). Part I\	/ line 11a S	See Form 990	) Part X I	ine 10			
	Description of property	(a) Cost or of			or other	·	cumulated		(d) Book	value
	pessiplies of property	basis (investm			(other)	٠.	reciation		(u) DOOK	value
	Land		,		(+/		12.5			
	Buildings			24	4,226.	1	61,81	6.	82	,410.
	Leasehold improvements						,			,
	Equipment			5	3,015.		39,720	5.	13	,289.
	Other				_,		,_	<del>-  </del>		, = +
	- Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line 1	(Oc.)		<u> </u>		95	,699.
			4 000011	(40) 1110 1			<u>.</u>	bodulo		900) 2020

	ption of security or category (including name of security)	on Form 990, Part IV, line 1 (b) Book value		n: Cost or end-of-year market value
	f=f=f=ub=bb=	(b) book value	(c) Method of Valuation	1. Cost of end-or-year market value
	ial derivatives / held equity interests			
) Other	, Hora oquity interests		Will	
(A) C.Z	ASH	63,100.	END-OF-YEAR	MARKET VALUE
	ORPORATE BONDS	492,449.		MARKET VALUE
	QUITIES	403,907.		MARKET VALUE
(D) EX	KCHANGE FUNDS	180,615.	END-OF-YEAR	MARKET VALUE
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	1,140,071.	The second secon	and the second of the second
art VIII	I Investments - Program Related.			
	Complete if the organization answered "Yes"		1c. See Form 990, Part X,	line 13.
***************************************	(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
				and the second of the second o
art IX i	Other Assets			
art IX	Other Assets.  Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1d. See Form 990. Part X	
art IX	Complete if the organization answered "Yes"		1d. See Form 990, Part X,	line 15.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X,	
(1)	Complete if the organization answered "Yes"		1d. See Form 990, Part X,	line 15.
(1)	Complete if the organization answered "Yes"		1d. See Form 990, Part X,	line 15.
(2) (3)	Complete if the organization answered "Yes"		1d. See Form 990, Part X,	line 15.
(1)	Complete if the organization answered "Yes"		1d. See Form 990, Part X,	line 15.
(1) (2) (3) (4)	Complete if the organization answered "Yes"		1d. See Form 990, Part X,	line 15.
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes"		1d. See Form 990, Part X,	line 15.
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes"		1d. See Form 990, Part X,	line 15.
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes"		1d. See Form 990, Part X,	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) [ (a) [ (a) [ (b) must equal Form 990, Part X, col. (B) line	Description	1d. See Form 990, Part X,	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) [ (a) [ (a) [ (a) [ (b) [ (b) [ (b) [ (c) [ (d)	Description		line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) [  (a) [  (a) [  (a) [  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a)	Description		line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) [ (a) [ (a) [ (a) [ (b) [ (b) [ (b) [ (c) [ (d)	Description		line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu	Complete if the organization answered "Yes" (a) [  (a) [  (a) [  (a) [  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a)	Description		line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnart X (1) Fed (2)	Complete if the organization answered "Yes" (a) [  imn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description		line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnt X (2) (2) (3)	Complete if the organization answered "Yes" (a) [  imn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description		line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnat X ) (1) Fed (2) (3) (4)	Complete if the organization answered "Yes" (a) [  imn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description		line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnt X ) (1) Fed (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) [  imn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description		line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnat X ) (1) Fed (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) [  imn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description		line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" (a) [  imn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description		line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (2) (3) (4) (5) (6) (7) (8) (7) (8)	Complete if the organization answered "Yes" (a) [  imn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description		line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) [  imn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description  15.)  Den Form 990, Part IV, line 1	1e or 11f. See Form 990, F	line 15.  (b) Book value

Schedule D (Form 990) 2020

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 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a	ted financial statements
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 3 Subtract line 2e from line 1 3 Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.  1 Total expenses and losses 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 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 25; but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5   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 XIII.	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on Investments  b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  a Investment expenses not 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  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  [Part XII] Reconcilitation 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 Donated services and use of facilities  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Part VIII, line 12:
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c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d  Subtract line 2e from line 1  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 b Other (Describe in Part XIII.) c Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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,	c Other losses       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3	2c   2d   2e   3   3e   3e
d Other (Describe in Part XIII.) e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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,	d Other (Describe in Part XIII.) e Add lines 2a through 2d  Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2d 2e 3 but not on line 1: Part VIII, line 7b 4a 4b 4c qual Form 990, Part I, line 18.) 5
e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XIII	e Add lines 2a through 2d 2e  3 Subtract line 2e from line 1 3  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2e 3 but not on line 1: Part VIII, line 7b 4a 4b 4c qual Form 990, Part I, line 18.) 5
3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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,	3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3
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  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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,	4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Part VIII, line 7b 4a 4c 4c 4c 4c 4c 4c 5 5
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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,		Part VIII, line 7b 4a 4b 4c 4c 4c 4c 5 5
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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,	a investment expenses not included on Form 990, Part Vill, line 76	4b
c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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,	h Other (Deceribe in Bert VIII)	qual Form 990, Part I, line 18.) 5
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  [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,		qual Form 990, Part I, line 18.)
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,		
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,		and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,
		214 0,1 die 11, 11100 14 die 2,1 die 17, 1110 15 die 2,1 die 2,1 die 2,1 die 2,1 die 2,1
		polete this part to provide any additional information
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#### SCHEDULE G

#### (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization AIM INC Employer identification number DBA AIM FOR THE HANDICAPPED, INC. 31-6059936 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations □ Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations c Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (iii) Did fundraiser have custody or control of contributions (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020

P	art	Fundraising Events. Complete if the of fundraising event contributions and grant of fundraising event contributions.	ne organization answered oss income on Form 990	d "Yes" on Form 990, Pa D-EZ, lines 1 and 6b. List	urt IV, line 18, or reporte events with gross rece	d more than \$15,000 ipts greater than \$5,000.
			(a) Event #1 NANCY LOPEZ GOLF OUTING	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
9.			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	409,897.			409,897.
	2	Less: Contributions	196,203.			196,203.
	3	Gross income (line 1 minus line 2)	213,694.			213,694.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	15,872.			15,872.
Direct 8	7	Food and beverages	20,251.			20,251.
	8 9	Entertainment Other direct expenses				55,264.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	91,387.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)	***************************************		122,307.
Pa	art I	Gaming. Complete if the organization	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
	<u> </u>	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes % No	Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
	lst	he organization licensed to conduct gaming ac No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
	_					
03208	32 11	-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

#### AIM INC

Schedule G (Form 990 or 990-EZ) 2020 DBA AIM FOR THE HANDICAPPED, INC. 31-6	059936	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes !	☐ No
13 Indicate the percentage of gaming activity conducted in:		
	13a	%
b An outside facility	13b	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶		
Address >	<del></del>	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party ▶\$		
c If "Yes," enter name and address of the third party:		
Name ►		
Address >		
16 Gaming manager information:		
Name ▶		
Gaming manager compensation > \$		
Description of services provided		••
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes [	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \( \bigs \) \$ <b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part		
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	: Iil, lines 9, 9	b, 10b,

		AIM	INC					
Schedule G	(Form 990 or 990-EZ)	DBA	AIM	FOR	THE	HANDICAPPED,	INC.	31-6059936 Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Info</b>	rmation	(contin	ued)				
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#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

# **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.

INC.

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

AIM INC

**Questions Regarding Compensation** 

Employer identification number

Schedule J (Form 990) 2020

OMB No. 1545-0047

Open to Public

Inspection

DBA AIM FOR THE HANDICAPPED,

31-6059936

			Yes	Nο
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.			
	First-class or charter travel Housing allowance or residence for personal use	1,500		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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		12.1	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1	100	124 (1245) 14 (125)
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	4.7		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			1
	Form 990 of other organizations  Approval by the board or compensation committee			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.5	
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:		1.4	
а	Receive a severance payment or change-of-control payment?	4a		x
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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		1.4	
	contingent on the revenues of:	100		
а	The organization?	5a		X
b	Any related organization?	5b		X
	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	100		
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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		1.4	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	*******	X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

032111 12-07-20

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

AIM INC

Page 2

DBA AIM FOR THE HANDICAPPED, INC.

31-6059936

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, Use duplicate copies if additional space is needed. Schedule J (Form 990) 2020

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.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation		(O)·(J)(B)	in column (B) reported as deferred on prior Form 990
(1) DR JO GEIGER NATL EXECUTIVE DIRECTOR	€ 5	106,000.	000	0.0	274,000.	0 0	380,000.	0
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AIM INC DBA AIM FOR THE HANDICAPPED, INC.

Page 3 Schedule J (Form 990) 2020 Schedule J (Form 990) 2020 DBA AIM FOR THE HANDICAPPED, INC.

Part III Supplemental Information

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

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

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

AIM INC

Employer identification number

DBA AIM FOR THE HANDICAPPED, INC.	31-6059936					
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:						
DISABILITIES, AUTISM AND ORTHOPEDIC OR COORDINATION PROBLEMS TO ACHIEVE						
THEIR HIGHEST POTENTIAL THROUGH THE AIM METHOD OF SPECIAL	IZED MOVEMENT					
EDUCATION. THERE IS NEVER A CHARGE FOR OUR SERVICES AND	NO CHILD IS					
EVER TURNED AWAY.						
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:					
THROUGH RECRUITING AND TRAIN TEACHERS TO EXPAND THE USE O	F THE AIM					
METHOD FOR HELPING HANDICAPPED CHILDREN IN SCHOOL SETTING	S, ONE-ON-ONE					
SESSIONS, ADULTS IN NURSING HOMES AND COLLOBORATING WITH	OTHER					
NONPROFIT ENTITIES TO SERVE BOTH CHILDREN AND ADULTS. TH	ERE IS NEVER A					
CHARGE FOR OUR SERVICES AND NO CHILD IS EVER TURNED AWAY.						
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	NTS:					
CHILDREN WITH VISUAL HANDICAPS, HEARING IMPAIRMENTS, EMOT	IONAL OR					
LEARNING DISABILITIES, AUTISM AND ORTHOPEDIC OR COORDINAT	IION PROBLEMS.					
WE HELD 1,659 SESSIONS DURING THE SCHOOL YEAR. OUR SUMME	R PROGRAM					
WHICH RUNS FROM EARLY JUNE THROUGH EARLY AUGUST PROVIDED	468 SESSIONS.					
WE SERVED 60 CHILDREN IN OUR TRAINING CENTER.						
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:						

TWORKSHOPS - THESE EXPENDITURES ARE FOR RECRUITING AND TRAINING TEACHERS TO EXPAND THE USE OF THE AIM METHOD FOR HELPING HANDICAPPED CHILDREN IN SCHOOL SETTINGS AS WELL AS DIRECTLY WORKING WITH

HANDICAPPED CHILDREN AND ADULTS AT OUR TRAINING CENTER, ADULTS IN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization AIM INC Employer identification number DBA AIM FOR THE HANDICAPPED, INC. 31-6059936 NURSING HOMES AND OTHER NONPROFIT ORGANIZATION'S SITES IN THE GREATER MIAMI VALLEY/DAYTON AREA. THE AIM METHOD CAN BE ADAPTED TO ANY TYPE OF DISABILITY AND AGE. WE WERE ABLE TO TRAIN 35 TEACHERS DURING THE FISCAL YEAR. EXPENSES \$ 6,163. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE OUTSIDE ACCOUNTING FIRM PREPARES THE FORM 990 AND IS SENT IN DRAFT FORM TO MANAGEMENT TO REVIEW FOR ANY CHANGES. AFTER CHANGES ARE MADE A DRAFT IS SENT TO BOARD FOR REVIEW BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MEMBERS ARE REQUESTED TO DISCLOSE ANY CONFLICT OF INTEREST BEFORE A BOARD MEETING STARTS. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEW AND APPROVE THE SALARY OF THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANICAL STATEMENTS ARE AVAILABLE AT THE CORPORATE OFFICE UPON REQUEST.