## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A	For th	ho 2	021 colondor v		boginning	o for instructions			<b>711.</b>	20
			The state of the s	ear, or tax year			, 2021, and	enaing	_	, 20
							ployer identification number			
Ц	Addres	Doing business as IN BOULDER AND BROOMFIELD COUNTIES								84-0637899
Ц	Name o	chang	je	Number and stree	et (or P.O. box if mail is not delivered	I to street address)	Roo	om/suite	E Tele	phone number
Ш	Initial return 624 COFFMAN ST									(303)527-0888
	Final re	eturn/1	erminated	City or town, state	e or province, country, and ZIP or for	reign postal code	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	$\mathbf{N}$	<b>G</b> Gro	ss receipts
	Amend	led re	turn	LONGMONT,	co 80501					1,460,610
	Applica	ation p	ending	F Name and address	s of principal officer: MARK DO	HERTY		H(a)	Is this a group return	n for subordinates? Yes X No
				Same as C	above			H(b)	Are all subordina	ates included? Yes No
ı	Tax-exe	empt	status: X 501	(c)(3) 501(c)	( ) ◀ (insert no.)	4947(a)(1) or	527		If "No," attach a l	list. See instructions
J	Websit	te: ▶		ULDER.ORG				H(c)	Group exemption	n number ►
K	Form o	of orga	anization: X Corp	poration Trust	Association ☐ Other ▶		L Year of formation:		M State of le	-
	rt I	Ť	Summary			L				g
	1			the organization's	mission or most significant	activities: TO	DDOMOTE AND	DD∩TE	כד דעד סי	IGHTS OF PEOPLE
	'		-	_	_					L AND INTEGRAL PART
ė		_			DEVELOPMENTAL DIS	ABILITIES IV	O BE INCLUDE	מא עב	A NATURAL	AND INTEGRAL PART
Governance		2	F COMMUNIT	II LIFE.						
ern	_	_	Nh   . 4h	☐ :f the energy		-4:	-f th 000		4	
Š	2				zation discontinued its opera				1	
	3			-	governing body (Part VI, lii					14
es	4			=	embers of the governing boo					14
Activities &	5				yed in calendar year 2021 (					14
₹cti	6			volunteers (estim	• • •					25
`	7				from Part VIII, column (C),					0
		b N	let unrelated bu	usiness taxable in	come from Form 990-T, Pa	rt I, line 11			7b	0
								Pri	or Year	Current Year
	8	C	Contributions and	d grants (Part VII	I, line 1h)				947,022	1,207,021
ne	9	P	rogram service	revenue (Part V	III, line 2g)				138,635	138,635
Revenue	10	) Ir	nvestment incon	ne (Part VIII, colu	mn (A), lines 3, 4, and 7d)				67,050	112,454
Re	11		Other revenue (F	Part VIII, column	(A), lines 5, 6d, 8c, 9c, 10c, a	and 11e)			2,000	2,500
	12	2 T	otal revenue - a	add lines 8 throug	h 11 (must equal Part VIII, c	olumn (A), line 12)		1	,154,707	1,460,610
	13	3 (	Frants and simila	ar amounts paid (	Part IX, column (A), lines 1	-3)				0
	14			•	Part IX, column (A), line 4)	•	_			0
	15		•	,	oloyee benefits (Part IX, col		<u> </u>		967,215	1,040,378
es			· ·		rt IX, column (A), line 11e)	` ''	′ <u>–</u>		201,122	0
Expenses	. •			• ,	IX, column (D), line 25) ▶		97,114			
Š	17		_	• •	(A), lines 11a-11d, 11f-24e)				107,855	199,680
ш	18		•	•	(must equal Part IX, column		- · · · · · · ·	1	.,075,070	1,240,058
	19		•		t line 18 from line 12		_		79,637	
		, 1	ceveriue less ex	perises. Subirac	tille to nomille 12			D!!		220,552 End of Year
sor	ğ		atal assats (Da	# V line 16\			-		of Current Year	
Net Assets or	<u>  20</u>		,						,880,989	2,896,842
et A	변 21		otal liabilities (F	,			· · · · · · · -		482,477	277,778
		_			otract line 21 from line 20 .			2	,398,512	2,619,064
	art II		Signature I		his return, including accompanying s	ala dula and atataman	to and to the best of my	د اده میرام ما م	and ballof it in	
					han officer) is based on all informati			y Kilowieuge	and belief, it is	
Sig	·n		MARIO S							04-18-2022
			Signature of o	officer					D	ate
Here MARIO SANCHEZ, MEMBER										
				name and title				-		
			Print/Type prepare	r's name	Preparer's signature		Date		Check if	PTIN
Pa			Charles Po	oysti, CPA	Charles Poysti	, CPA	04-18-2022		self-employed	P00070003
Pre	pare	er	Firm's name	Poys	ti & Associates LI	JC		Firm's E	EIN ►	
Us	e On	ıly	Firm's address	PO B	ox 371467			Phone	no.	
				Denve	er CO 80237				303-	-285-2500
May	the II	RS (	discuss this retu		rer shown above? See instr	uctions				X Yes No

ıa	Check if Schedule O contains a recognition or note to any line in this Bort III
1	Check if Schedule O contains a response or note to any line in this Part III
•	
	TO PROMOTE AND PROTECT THE RIGHTS OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO
	BE INCLUDED AS A NATURAL AND INTEGRAL PART OF COMMUNITY LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-E72
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, of make significant changes in how it conducts, any program
•	services?
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 \$850,996 including grants of \$) (Revenue \$)
	ADVOCACY: INDIVIDUAL ADVOCACY SERVICES WERE PROVIDED TO OVER 254 PERSONS WITH DEVELOPMENTAL
	DISABILITIES, WITH THE EMPHASIS ON INTEGRATION IN SCHOOLS AND ADULT COMMUNITY ACTIVITIES.
4b	(Code:) (Expenses \$83,881 including grants of \$) (Revenue \$)
	VOLUNTEERISM/MEMBERSHIP/PUBLIC INFORMATION: THE ASSOCIATION HAS AN ESTIMATED 200 MEMBERS, 10% OF
	WHOM VOLUNTEERED.
_	
4c	(Code:) (Expenses \$81,632 including grants of \$) (Revenue \$) TRAINING: THE ASSOCIATION PROVIDES TRAINING TO PARENTS OF CHILDREN, AND ADULTS WITH DEVELOPMENTA
	DISABILITIES, AND THOSE WHO EDUCATE THEM OR PROVIDE OTHER SERVICES.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,016,509
	Form 000 (2024)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_	Х
5		Y		
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<b>ə</b>		Х
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Λ
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		х
9	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? If "Yes," complete Schedule D, Part IV	9		x
10	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	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	44-		
a	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
Δ.	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Λ
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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			
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	A.F		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		Х
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_ · ·		-22
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete</i> Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2021) ASSOCIATION FOR COMMUNITY LIVING Page **4** 84-0637899 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b x Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . . . . d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a х Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b х 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II. . . . . . . . . . . . . 26 Х 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 27 x 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . . . . 29 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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			

Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . . 1a 5 0 Did the organization comply with backup withholding rules for reportable payments to vendors and 

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

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
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.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	_	_	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a/		x
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
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		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI C

Sec	ction 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			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		
8	stockholders, or persons other than the governing body?	7b	х	
0	the year by the following:			
9	The governing body?	8a	х	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		
L	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16h		v
Sec	organization's exempt status with respect to such arrangements?	16b		X
3 <del>6</del> 0 17	List the states with which a copy of this Form 990 is required to be filed Colorado			
1 <i>7</i> 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
. •	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Some website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
-	and financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records AILSA WONNACOTT (303)527-0888, 624 COFFMAN ST, LONGMONT, CO 80501

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

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

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

- 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, directo who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-MEC) 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.

<u> </u>	, ,		_					<del>, , , , , , , , , , , , , , , , , , , </del>		
				(	(C)					
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average		(do not check more than one box, unless person is both an			1	Reportable	Reportable	Estimated amount	
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	or d	Inst	Officer	Key	High	Former	1099-MISC/	1099-MISC/	organization and
	related	irect	tutio	cer	emp	nest oloye	ner	1099-NEC)	1099-NEC	related organizations
	organizations	or director	Institutional trustee		Key employee	Highest compensated employee				
	below	stee	ruste		Õ	pens				
	dotted line)		ď			ated				
(1) LINDSEY ANDERSON										
MEMBER		X						0	0	0
(2) MERRILL GLUSTROM										
MEMBER		Х						0	0	0
(3) LAURA TALLEY										
MEMBER		X						0	0	0
(4) BEN RHODES										
MEMBER		X						0	0	0
(5) ROBERT ENDERSON										
MEMBER		X						0	0	0
(6) ANGIE ROMAN STAIGER										
MEMBER		Х						0	0	0
(7) CYNDA COLLINS ARSENAULT										
MEMBER		Х						0	0	0
(8) DAVID BURNETT										
MEMBER		Х						0	0	0
(9) MARIO SANCHEZ										
MEMBER		Х						0	0	0
(10)KAREN_ZEID										
CO-PRESIDENT		х		Х				0	0	0
(11)MARK_DOHERTY										
CO-PRESIDENT		х		Х				0	0	0
(12)MARY_HAGLER										
VICE PRESIDENT		х		х				0	0	0
(13)JULI_MACKENZIE										
SECRETARY		х		х				0	0	0
(14)ELLEN_BURNES										
TREASURER		X		Х				0	0	0
										Form 000 (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (A) (E) (F) (B) (D) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an compensation compensation hours of other officer and a director/trustee) from the from related compensation per week organization (W-2/ organizations (W-2/ from the (list any 1099-MISC/ 1099-MISC/ Highest cor organization and hours for 1099-NEC) 1099-NEC) related organizations related PUBLIC I (15)AILSA WONNACOTT EXECUTIVE DIRECTOR x 0 0 0 <u>(16)</u> <u>(17)</u> (18) <u>(19)</u>\_\_\_\_\_ (20) (21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A . . . . . . . . . . . . . . . 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 2 reportable compensation from the organization > 0 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .......... 5 х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2021)

Statement of Revenue

		Check if Schedule O contains a response or i	lote to any into in the	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s, Grants	b b	Fundraising events 1c  Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	f g	Government grants (contributions) 1e  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f 1g	1,207,021	CH	ON (	COP	Υ
	h	Total. Add lines 1a-1f		1,207,021			
			Business Code				
ervice Je	b		624100	138,635	138,635		
Program Service Revenue		All other program service revenue					
		<b>Total.</b> Add lines 2a-2f		138,635			
	4	other similar amounts)	▶	112,454			112,454
	5	Royalties					
	6a	Gross rents 6a (i) Real	(ii) Personal				
		Less: rental expenses 6b  Rental income or (loss) 6c					
		Net rental income or (loss)					
	7a	Gross amount from (i) Securities sales of assets	(ii) Other				
		other than inventory 7a					
	b	Less: cost or other basis					
enne		and sales expenses 7b					
		Gain or (loss)					
r Re		Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				
Other Rev	oa	Gross income from fundraising events (not including \$					
O		of contributions reported on line					
		1c). See Part IV, line 18	а				
		Less: direct expenses 8	b				
		` '	· · · · · · · · · · ·				
	ya	Gross income from gaming activities, See Part IV, line 19 9	a				
	b	Less: direct expenses					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold 10	b				
	С	Net income or (loss) from sales of inventory					
	44-	OWNED TAKEON-	Business Code	0.700			0 =0=
Miscellanous Revenue	11a b	OTHER INCOME	900099	2,500			2,500
llan Ænt	C						
isce Re		All other revenue					
Σ		Total. Add lines 11a-11d		2,500			
_	•	Total revenue. See instructions		1,460,610		0	114,954

Form	990 (2021) ASSOCIATION FOR COMMU	NITY LIVING		84-0637	899 Page 10
Par	rt IX Statement of Functional Expenses				
Secti	ion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other organ	nizations must complet	e column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22	PEC	TION	CO	ΡΥ
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,040,378	858,313	97,796	84,269
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	22,799	8,508	13,455	836
12	Advertising and promotion	5,871	5,871		
13	Office expenses	28,357	22,582	3,680	2,095
14	Information technology	16,241	13,399	1,527	1,315
15	Royalties				
16	Occupancy	72,242	59,602	6,790	5,850
17	Travel	384	317	36	31
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,004	15,677	1,786	1,541
23	Insurance	14,526	11,984	1,365	1,177
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	COMMUNITY EDUCATION/DEVELOPT	375	375		
b	DIRECT AID	16,425	16,425		
С	OTHER PROGRAM EXPENSES	3,456	3,456		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,240,058	1,016,509	126,435	97,114
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   tollowing SOR 98.2 (ASC 958, 720)				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2021)

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X				<u> </u>	
				(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			1		
	2	Savings and temporary cash investments		631,282	2	154,298	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	ON C	5	PY		
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6			
ι	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges		7,806	9	5,840	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10a 1,128	3,022				
	b	Less: accumulated depreciation	5,304	1,101,722	10c	1,082,718	
	11	Investments - publicly traded securities		1,139,001	11	1,652,808	
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1,178	15	1,178	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		2,880,989	16	2,896,842	
	17	Accounts payable and accrued expenses		109,838	17	127,778	
	18	Grants payable	· •				
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
w	22	Loans and other payables to any current or former officer, director,					
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%					
abil		controlled entity or family member of any of these persons		200,000	22	150,000	
<b>=</b>	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties		172,639	24		
	25	Other liabilities (including federal income tax, payables to related third		,			
		parties, and other liabilities not included on lines 17-24). Complete Part X					
		of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		482,477	26	277,778	
		Organizations that follow FASB ASC 958, check here				•	
		and complete lines 27, 28, 32, and 33.					
ces	27	Net assets without donor restrictions		2,333,754	27	2,561,783	
<u>la</u> n	28	Net assets with donor restrictions		64,758	28	57,281	
Ba		Organizations that do not follow FASB ASC 958, check here		02//00		0.,	
ဋ		and complete lines 29 through 33.					
Ē	29	Capital stock or trust principal, or current funds			29		
ts o	30	Paid-in or capital surplus, or land, building, or equipment fund			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds			31		
ţ.	32	Total net assets or fund balances		2,398,512	32	2,619,064	
8	33	Total liabilities and net assets/fund balances		2,880,989	33	2,896,842	
				_,,,		_,,	

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Form **990** (2021)

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,	460,	610
2	Total expenses (must equal Part IX, column (A), line 25)	1,	240,	058
3	Revenue less expenses. Subtract line 2 from line 1		220,	552
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	2,	398,	512
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses		_	
8	Prior period adjustments		<u> </u>	
9	Prior period adjustments 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))	2,	619,	064
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. 🗆
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Cash  Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
EEA		Form	990 (	2021)

## SCHEDULE A (Form 990)

### **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.

OMB No. 1545-0047

ble trust. 202

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization **Employer identification number** ASSOCIATION FOR COMMUNITY LIVING 84-0637899 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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: 🗵 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 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. C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2021 ASSOCIATION FOR COMMUNITY LIVING 84-0637899

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)						
Section	on A. Public Support	quality unde	1 110 10313 113	ted below, pr	case complet	ic r art iii.)	
	dar year (or fiscal year beginning in) ►	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and	(a) 2017	(6) 2010	(6) 2013	(u) 2020	(6) 2021	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	ISP	EC	TIO	NC	OP	Y
3	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
3	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f)						
6 Socti	Public support. Subtract line 5 from line 4. on B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	(a) 2017	(6) 2010	(6) 2019	(u) 2020	(6) 2021	(I) Total
8	Gross income from interest, dividends,						
O	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instruction	ne)			12	
13	<b>First 5 years.</b> If the Form 990 is for the or	•					c)(3)
	organization, check this box and <b>stop her</b>	-			-		
Secti	on C. Computation of Public Suppor	t Percentag	<u></u> e				
14	Public support percentage for 2021 (line 6			1. column (f))		14	%
15	Public support percentage from 2020 Sch		-			15	%
16a	33 1/3% support test - 2021. If the organ					1/3% or more,	check this
	box and <b>stop here.</b> The organization qua						
b	33 1/3% support test - 2020. If the organ						
	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 202	21. If the organ	ization did not	check a box o	n line 13, 16a,	or 16b, and lir	
	10% or more, and if the organization mee	ts the facts-an	d-circumstance	es test, check t	his box and st	<b>op here.</b> Expla	ain in
	Part VI how the organization meets the fa						
	organization			-	=		_
b	10%-facts-and-circumstances test - 202	<b>20.</b> If the organ	ization did not	check a box o	n line 13, 16a,	16b, or 17a, a	nd line
	15 is 10% or more, and if the organization	•					
	in Part VI how the organization meets the					-	•
	organization			•	•	•	• •
18	Private foundation. If the organization di						_
	instructions						▶ □

EEA Schedule A (Form 990) 2021

84-0637899

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Calendar year (or fiscal year beginning in) - 1	<ol> <li>Gifts, grants received. (ID</li> <li>Gross received or set fumished is organization.</li> <li>Gross received. (ID</li> <li>Gross received.</li> <li>Tax reveived organization.</li> <li>The valuation organization.</li> <li>Total. Ac</li> <li>Amounts received.</li> </ol>	s, contributions, and membership fees Do not include any "unusual grants.") . eipts from admissions, merchandise rvices performed, or facilities in any activity that is related to the on's tax-exempt purpose eipts from activities that are not an trade or business under section 513 nues levied for the tion's benefit and either paid to ded on its behalf e of services or facilities d by a governmental unit to the tion without charge	787,782	880,422 EC	928,533 <b>TIO</b>	947,022 <b>N</b> C	1,207,021	4,750,780
Tensible Computer C	received. (I 2 Gross received or set fumished is organization 3 Gross received the transfer of the valuation	Do not include any "unusual grants.") . eipts from admissions, merchandise rvices performed, or facilities in any activity that is related to the on's tax-exempt purpose eipts from activities that are not an trade or business under section 513 nues levied for the tion's benefit and either paid to ded on its behalf e of services or facilities d by a governmental unit to the tion without charge	ISP	EC	TIO	N C	OP'	Y
2 Gross receipts from admissions, merchandles siltros sirvicials protrincial of stimillars in siltros silvicials protrincial of stimillars in siltros silvicials protrincial of stimillars in siltros silvicials protrincial of stimillars in silvicials of stimillars in silvicials of stimillars under section 513  4 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons  b Amounts included on lines 2 and 3 received from disqualified persons  c Add lines 7 and 7b  Public support. (Subtract line 7c from line 6)  8 Public support. (Subtract line 7c from line 6)  Calendar year (or fiscal year beginning in) — 9 Amounts from line 6  1,195,661 1,236,904 1,043,064 1,087,657 1,348,156 5,911,442 717,054 717,05	<ul> <li>2 Gross rec sold or set fumished i organizati</li> <li>3 Gross rec unrelated</li> <li>4 Tax reve organization or expen</li> <li>5 The valufurnished organization</li> <li>6 Total. Ac</li> <li>7a Amounts received</li> </ul>	eipts from admissions, merchandise rvices performed, or facilities in any activity that is related to the on's tax-exempt purpose eipts from activities that are not an trade or business under section 513 nues levied for the tion's benefit and either paid to ded on its behalf e of services or facilities it by a governmental unit to the tion without charge	ISP	EC	TIO	N C	OP'	Y
Settors shrikes for formed, di facilities in the string in ship welly in the a finitated to the SPECTION OP    3 Gross receipts from exiting the star are not an unrelated trade or business under section 513   4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	sold or ser fumished i organizati 3 Gross recunrelated 4 Tax reve organizati or expen 5 The valufurnished organiza 6 Total. Ac 7a Amounts received	rvices performed, or facilities n any activity that is related to the on's tax-exempt purpose eipts from activities that are not an trade or business under section 513 nues levied for the tion's benefit and either paid to ded on its behalf e of services or facilities d by a governmental unit to the tion without charge	407,879	<b>EC</b> 356,482	114,531	140,635	OP'	Y
unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	unrelated 4 Tax reve organiza or expen 5 The value furnished organiza 6 Total. Ad 7a Amounts received	trade or business under section 513 nues levied for the tion's benefit and either paid to ded on its behalf e of services or facilities by a governmental unit to the tion without charge	407,879	356,482	114,531	140,635	141,135	
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	<ul> <li>4 Tax reve organizar or expen</li> <li>5 The valufurnished organiza</li> <li>6 Total. Ad Amounts received</li> </ul>	nues levied for the tion's benefit and either paid to ded on its behalf e of services or facilities by a governmental unit to the tion without charge	407,879	356,482	114,531	140,635	141,135	
or ganization's benefit and either paid to or expended on its behalf	organization or expension or ex	tion's benefit and either paid to ded on its behalf e of services or facilities by a governmental unit to the tion without charge					•	1,160,662
or expended on its behalf	or expen  5 The valuation furnished organization  6 Total. Act  7a Amounts received	ded on its behalfe of services or facilities d by a governmental unit to the tion without charge						
5 The value of services or facilities furnished by a governmental unit to the organization without charge	<ul><li>5 The value furnished organiza</li><li>6 Total. Ad Amounts received</li></ul>	e of services or facilities I by a governmental unit to the tion without charge						
turnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5	furnished organiza  6 Total. Ad Amounts received	by a governmental unit to the tion without charge						
organization without charge 6 6 Total. Add lines 1 through 5 1,195,661 1,236,904 1,043,064 1,087,657 1,348,156 5,911,442 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 5 717,054  b Amounts included on lines 2 and 3 received from other than disqualified persons or 1% of the amount on line 13 for the year c Add lines 7a and 7b 717,054  8 Public support (Subtract line 7c from line 6) 717,054  9 Amounts income from interest, dividends, payments received on socurities loans, rens, royalties, and income from similar sources  b Unrelated business taxable income (less section 5.11 taxes) from businesses acquired after June 30, 1975 2 Add lines 10a and 10b 76,593 41,746 40,797 67,050 112,454 338,640  11 Net income from unrelated business activities not included on line 19, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 1,272,254 1,278,650 1,083,861 1,154,707 1,460,610 6,250,082  14 First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501c(3) organization, check this box and stop here   .	organiza 6 Total. Ad 7a Amounts received	tion without charge						
Total. Add lines 1 through 5	<ul><li>6 Total. Ac</li><li>7a Amounts</li><li>received</li></ul>	G						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons       717,054       717,054         b Amounts included on line 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       717,054       717,054         c Add lines 7a and 7b       717,054       717,054       717,054         Section B. Total Support         Calendar year (or fiscal year beginning in) ►       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         9 Amounts from line 6       1,195,661       1,236,904       1,043,064       1,087,657       1,348,156       5,911,442         10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       76,593       41,746       40,797       67,050       112,454       338,640         b Unrelated business staxable income (less section 511 taxes) from businesses acquired after June 30, 1975       76,593       41,746       40,797       67,050       112,454       338,640         11 Net income from unrelated business sactivities not included on line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)       1,272,254       1,278,650       1,083,861       1,154,707       1,460,610       6,250,082      <	<b>7a</b> Amounts received	d lines 1 through 5						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	received	ad iii loo i tiii oagii o	1,195,661	1,236,904	1,043,064	1,087,657	1,348,156	5,911,442
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)  Section B. Total Support  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 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)  Total 1,236,904 1,043,064 1,087,657 1,348,156 5,911,442  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)  Total 2,2254 1,278,650 1,083,861 1,154,707 1,460,610 6,250,082  First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  Fublic support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  Investment income percentage for 2020 Schedule A, Part IIII, line 15  Investment income percentage for 2020 Schedule A, Part IIII, line 15  Investment income percentage for 2020 Schedule A, Part IIII, line 15  Investment income percentage for 2020 Schedule A, Part IIII, line 15  Investment income percentage for 2020 Schedule A, Part IIII, line 15  Investment income percentage for 2020 Schedule A, Part IIII, line 15  Investment income percentage for 2020 Schedule A, Part IIII, line 15  Investment income percentage for 2020 Schedule A, Part IIII, line 15  Investment income percentage for 2020 Schedule A, Part IIII, line 15  Investment income percentage for 2020 Schedule A, Part IIII, line 15  Investment income percen		included on lines 1, 2, and 3						
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	<b>b</b> Amounts in	from disqualified persons .	717,054					717,054
persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 and 7 b		ncluded on lines 2 and 3						
c Add lines 7a and 7b	received f	rom other than disqualified						
C Add lines 7a and 7b   717,054	persons th	at exceed the greater of \$5,000						
8	or 1% of t	he amount on line 13 for the year						
Section B. Total Support   Calendar year (or fiscal year beginning in)   (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9	c Add lines	3 7a and 7b	717,054					717,054
Section B. Total Support  Calendar year (or fiscal year beginning in) ►  9 Amounts from line 6	8 Public s	upport. (Subtract line 7c from						
Calendar year (or fiscal year beginning in) ► Amounts from line 6	line 6.)							5,194,388
9 Amounts from line 6	Section B. To	tal Support						
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  C Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  C Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  Bettion D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 Schedule A, Part III, line 15  Bettion D. Computation of Public Support Percentage  18 Investment income percentage for 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line  19 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line	Calendar year (	(or fiscal year beginning in) ►	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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	9 Amounts	from line 6	1,195,661	1,236,904	1,043,064	1,087,657	1,348,156	5,911,442
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	10a Gross inco	ome from interest, dividends,						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b	payments	received on securities loans, rents,						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b	royalties,	and income from similar sources	76,593	41,746	40,797	67,050	112,454	338,640
acquired after June 30, 1975	<b>b</b> Unrelated	d business taxable income (less						
c Add lines 10a and 10b	section 5	11 taxes) from businesses						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	acquired	after June 30, 1975						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	<b>c</b> Add lines	s 10a and 10b	76,593	41,746	40,797	67,050	112,454	338,640
or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11 Net incom	e from unrelated business						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	activities r	not included on line 10b, whether						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	or not the	business is regularly carried on						
(Explain in Part VI.)								
(Explain in Part VI.)	loss from	the sale of capital assets						
Total support. (Add lines 9, 10c, 11, and 12.)		<del>-</del>						
and 12.)		•						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here			1,272,254	1,278,650	1,083,861	1,154,707	1,460,610	6,250,082
Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	14 First 5 y	ears. If the Form 990 is for the o			•	•		
Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	organiza	tion, check this box and stop he	re					▶ □
Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	Section C. Co	mputation of Public Suppo	rt Percentag	е				
Public support percentage from 2020 Schedule A, Part III, line 15	15 Public su	ipport percentage for 2021 (line	8, column (f), d	livided by line	13, column (f))		15	83.11 %
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	16 Public su	ipport percentage from 2020 Sch	nedule A, Part	III, line 15 .			16	
Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))								
Investment income percentage from 2020 Schedule A, Part III, line 17					y line 13, colu	mn (f))	17	5.00 %
19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line		· · · · · · · · · · · · · · · · · · ·			-		18	
							ore than 33 1/3	
, I U TO TO TO THE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO								
b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	19a 33 1/3%		=	-	-			
line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	<b>19a 33 1/3%</b> 17 is not	<b>Support tests - zuzu.</b> II the organiza	tion ala not once	k a box on mie i	4 or line 19a, an	d line 16 is more	than 33 1/3%, a	nd
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	19a 33 1/3% 17 is not b 33 1/3% s							

Schedule A (Form 990) 2021

### 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. A	iii Supporting	g Organizati	ons	

ecti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	140
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.		7	
2	Did the organization have any supported organization that does not have an IRS determination of status	T		
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported	-		
	organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
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	7		
0	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	•		
Ja	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	Ja		
.,	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	35		
•	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9с		
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 10b below.	10a		

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.)

Part IV

Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	<u>1</u> 1c	_	
Section	on B. Type I Supporting Organizations	Y	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	71 11 9 9		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	_		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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? <i>If "No," explain in Part VI how</i>			
	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inet	ructio	ne)
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	, 11130	actic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruc	rtions)		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	30110)	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
-	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	2.0		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	or no supported organizations: if 100, describe in Fait VI the fole played by the Organization in this regard.	JU		

Part		_		
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying			·
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section	1
Secti	on 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		DV
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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
	on 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-functional		ntegrated Type III supportin	ng organization
•	(see instructions).	, 11	nogratou rypo in oupportii	ig organization
	(SSS III STANDING).			

EEA Schedule A (Form 990) 2021

2	Underdistributions, if any, for years prior to 2021		
	(reasonable cause required - explain in Part VI). See		
	instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
C	From 2018		
d	From 2019		
е	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from		
	Section D, line 7:		
а	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
C	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
C	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

EEA Schedule A (Form 990) 2021 Schedule A (Form 990) 2021 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Schedule B (Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF.

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

Name of the organization ASSOCIATION FOR COMMUNITY LIVING

Organization type (check one):

**Employer identification number** 84-0637899

Form 99	f: PLB Sec	stion: 501(c)( 3 ) (enter number) organization CTON COPY
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	90-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	f your organization is covered by	by the <b>General Rule</b> or a <b>Special Rule</b> .
Note: Or instruction		(10) organization can check boxes for both the General Rule and a Special Rule. See
General	l Rule	
	•	n 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 y) from any one contributor. Complete Parts I and II. See instructions for determining a s.
Special	Rules	
x	regulations under sections 50 16b, and that received from a	I in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or any one contributor, during the year, total contributions of the greater of (1) \$5,000; or orm 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	contributor, during the year, to literary, or educational purpos	I in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one otal contributions of more than \$1,000 exclusively for religious, charitable, scientific, ses, or for the prevention of cruelty to children or animals. Complete Parts I (entering the contributor name and address), II, and III.
	contributor, during the year, of contributions totaled more that during the year for an <i>exclusion</i> <b>General Rule</b> applies to this	I in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributions exclusively for religious, charitable, etc., purposes, but no such in \$1,000. If this box is checked, enter here the total contributions that were received fively religious, charitable, etc., purpose. Don't complete any of the parts unless the organization because it received nonexclusively religious, charitable, etc., contributions in the year
	on: An organization that isn't co	overed by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it 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).

Name of organization
ASSOCIATION FOR COMMUNITY LIVING

Employer identification number

84-0637899

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	PUBLIC INSPEC	T	Person  Payrol  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_		\$30,000	Person X Payroll Oncash Occuplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

### **SCHEDULE D** (Form 990)

Department of the Treasury

**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.

Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

**Open to Public** Inspection Employer identification number

ASSOC	CIATION FOR COMMUNITY LIVING	84-0637899
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accour	nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
1	Total number at end of year	(b) Funds and other accounts
2	Aggregate value of contributions to (during year)	JULI
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	_
-		rically important land area
	Protection of natural habitat  Preservation of a certif	•
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	servation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
•	Total number of conservation easements	2a
a	Total acreage restricted by conservation easements	2b
b		
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	24
•	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	ization during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
_	<b>&gt;</b>	2) (1)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	describes the
Dow	organization's accounting for conservation easements.	ar Cimilar Accets
Par		er Similar Assets.
4.	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ice of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	or public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	· ————————————————————————————————————
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·
h	Assets included in Form 990 Part X	<b>\$</b>

Par	t III Organizations Maintaining (	Collections of Art, H	istorical Treasures	, or Other Similar A	Assets (continued)
3	Using the organization's acquisition, accessic	n, and other records, check	any of the following that	make significant use of its	5
	collection items (check all that apply):				
а	☐ Public exhibition	d	Loan or exchange p	orograms	
b	Scholarly research	е	Other		
С	Preservation for future generations				
4	Provide a description of the organization's co	llections and explain how the	ney further the organization	n's exempt purpose in Pa	art
	XIII.	·			
5	During the year, did the organization solicit or	receive donations of art. hi	storical treasures, or othe	r similar	
	assets to be sold to raise funds rather than to				☐ Yes ☐ No
Par	t IV Escrow and Custodial Arrar		<del>U I U</del>		
	Complete if the organization a			9, or reported an a	mount on Form
	990, Part X, line 21.		,,	,	
1a	Is the organization an agent, trustee, custodia	n or other intermediary for o	contributions or other asse	ets not	
	included on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XIII				
				Д	mount
С	Beginning balance				
d	Additions during the year				
e	Distributions during the year				
f	Ending balance				
2a	Did the organization include an amount on Fo				Yes No
b	If "Yes," explain the arrangement in Part XIII.			•	
Par		Oncok here if the explanati	orrido been provided on	rait Aii	· · · · · · ·
ı uı	Complete if the organization a	answered "Yes" on Fo	rm 990 Part IV line	10	
	Complete ii the organization o		Prior year (c) Two year		ck (e) Four years back
1a	Beginning of year balance	(a) Current year (b)	(c) Two year	3 back (u) Three years back	(e) I our years back
b	Contributions				
	Net investment earnings, gains, and				
С	losses				
a					
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the curre	,	g, column (a)) held as:		
a	Board designated or quasi-endowment	<u></u> %			
b	Permanent endowment	%			
С	Term endowment •%				
	The percentages on lines 2a, 2b, and 2c shou				
3a	Are there endowment funds not in the posses	ssion of the organization tha	at are held and administer	ed for the	
	organization by:				Yes No
	(i) Unrelated organizations				3a(i)
	(ii) Related organizations				* * * * * * * * * * * * * * * * * * * *
b	If "Yes" on line 3a(ii), are the related organiza	·			3b
4	Describe in Part XIII the intended uses of the		funds.		
Par	t VI Land, Buildings, and Equip		000 B (		. 5
	Complete if the organization a			11a. See Form 990	), Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land	•	355,000		355,000
b	Buildings		763,140	45,304	717,836
С	Leasehold improvements	•			
d	Equipment	•	9,882		9,882
е	Other				
Total.	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X, colu	ımn (B), line 10c.)	▶	1,082,718

	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Dook value	Cost or end-of-year market value
(1) Financial			
• • • • • • • • • • • • • • • • • • • •	eld equity interests	•	
(3) Other			
(A)			
(B)	HIDLIO INIODE	TIO	
(C)	<u> </u>	<del>(                                    </del>	((()PY)
(D)	ODLIO 11401 L	$\cdot \circ \cdot \circ \cdot$	10011
(E)			
(F) (G)			
(H)			
. ,	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
T dit VIII	Complete if the organization answered "Yes" on F	Form 990. Part IV. line	11c. See Form 990. Part X. line 1
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			
(9) Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>	
(9)	Other Assets.		
(9) Total. (Colum			11d. See Form 990, Part X, line 1
(9) Total. (Colum Part IX	Other Assets.  Complete if the organization answered "Yes" on I  (a) Description		(b) Book value
(9) Total. (Colum Part IX  (1) THER 2	Other Assets.  Complete if the organization answered "Yes" on I  (a) Description		
(9) Total. (Column Part IX  (1)DTHER 2 (2)	Other Assets.  Complete if the organization answered "Yes" on I  (a) Description		(b) Book value
(9) Total. (Column Part IX  (1)pTHER 2 (2) (3)	Other Assets.  Complete if the organization answered "Yes" on I  (a) Description		(b) Book value
(9) Total. (Column Part IX  (1) THER 2 (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" on I  (a) Description		(b) Book value
(9) Total. (Column Part IX  (1) THER 2 (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes" on I  (a) Description		(b) Book value
(9) Total. (Column Part IX  (1)DTHER 2 (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes" on I  (a) Description		(b) Book value
(9) Total. (Column Part IX  (1) THER 2 (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes" on I  (a) Description		(b) Book value
(9) Total. (Column Part IX  (1)pTHER 2 (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" on I  (a) Description		(b) Book value
(9) Total. (Column Part IX  (1) THER 2 (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  ASSETS	Form 990, Part IV, line	(b) Book value
(9) Total. (Column Part IX  (1)DTHER 2 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on F (a) Description ASSETS  on (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, line	(b) Book value
(9) Total. (Column Part IX  (1) THER 2 (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on F (a) Description ASSETS  on (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, line	(b) Book value  1,
(9) Total. (Column Part IX  (1)DTHER 2 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on F (a) Description ASSETS  on (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on F	Form 990, Part IV, line	(b) Book value  1,
(9) Total. (Column Part IX  (1)DTHER 2 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  ASSETS  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.	Form 990, Part IV, line	(b) Book value  1,
(9) Total. (Column Part IX  (1)DTHER 2 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  ASSETS  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.	Form 990, Part IV, line	(b) Book value  1,
(9) Total. (Column Part IX  (1) DTHER 2  (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  ASSETS  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of liability (b) B	Form 990, Part IV, line	(b) Book value  1,
(9) Total. (Column Part IX  (1) THER A (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal in (2)	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  ASSETS  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of liability (b) B	Form 990, Part IV, line	(b) Book value  1,
(9) Total. (Column Part IX  (1) DTHER 2  (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  ASSETS  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of liability (b) B	Form 990, Part IV, line	(b) Book value  1,
(9) Total. (Column Part IX  (1) THER 2 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal in (2) (3)	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  ASSETS  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of liability (b) B	Form 990, Part IV, line	(b) Book value  1,
(9) Total. (Column Part IX  (1) DTHER 2 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal in (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  ASSETS  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of liability (b) B	Form 990, Part IV, line	(b) Book value  1,
(9) Total. (Column Part IX  (1) THER 2 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal if (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  ASSETS  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of liability (b) B	Form 990, Part IV, line	(b) Book value  1,
(9) Total. (Column Part IX  (1) THER 2 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  (1) Federal in (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  ASSETS  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of liability (b) B	Form 990, Part IV, line	(b) Book value  1,
(9) Total. (Column Part IX  (1) THER 2 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal in (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  ASSETS  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of liability (b) B	Form 990, Part IV, line	(b) Book value  1,
(9) Total. (Column Part IX  (1) DTHER A (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1.  (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  ASSETS  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of liability (b) B	Form 990, Part IV, line	(b) Book value  1,

Part		···	
	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	1,460,610
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,460,610
4			1 1
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)	-	
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,460,610
Part		er Ket	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 . 1	
1	Total expenses and losses per audited financial statements	1	1,240,058
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,240,058
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 <b>4a</b> and <b>4b</b>	4c	
-			1 040 050
5 Dort	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,240,058
Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
<b>Part</b> Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
<b>Part</b> Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
<b>Part</b> Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
<b>Part</b> Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
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<b>Part</b> Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

EEA Schedule D (Form 990) 2021

### SCHEDULE L (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2021

Open To Public Inspection

Employer identification number

ASSOCIATION FOR COMMUNITY LIVING 84-0637899 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 Yes No (1) (2) (3)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ...... Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written from the principal amount with organization by board or agreement? organization? committee? Yes No Yes No Yes No То BOARD FINANCIAL CYNDA COLLINS MEMBER NEED х 200,000 150,000 (1) ARSENAULT х Х Х (2) (3) (4) (5) **Total** 150,000 **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)

(3)

(4)

(5)

84-0637899

Part IV	Business Transactions Invol Complete if the organization ar			28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)						
(2)	PUBLIC	NSPE	CTIC	N COP	Y	
(3)						
(4)						
(5)						
Part V	Supplemental Information.					
	Provide additional information for	or responses to questions	on Schedule L (see	instructions).		

EEA Schedule L (Form 990) 2021

# SCHEDULE O (Form 990)

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

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

**Employer identification number** 

ASSOCIATION FOR COMMUNITY LIVING 84-0637899 01. Members or stockholder classes and rights (Part VI, line 6) THE RIGHT ATTEND ANNUAL MEETINGS, REQUEST REVIEW OF ACTIONS OF THE BOARD OF DIRECTORS, NOTIFY OF A DESIRE TO BE NOMINATED TO SERVE ON THE BOARD OF DIRECTORS, TO BE A VOTING DELEGATE WHEN SELECTED OR APPOINTED TO ATTEND ASSOCIATION CONFERENCES AND MEETINGS, TO RECEIVE PERIODIC PUBLICATIONS, TO REQUEST COPIED OF MINUTES OF MEETINGS, TO ASSIST IN PROVIDING RELIABLE AND CONSISTENT INFORMATION TO THE PUBLIC, TO RECEIVE UPDATES AND DISCOUNTS TO SPECIAL EVENTS, AND TO HAVE THE SATISFACTION IN KNOWING THAT THEY HAVE A PART OF AN ORGANIZATION THAT IS MAKING A DIFFERENCE. 02. Member election for additional members (Part VI, line 7a) MEMBERS ELECT BOARD OF DIRECTORS BY A MAJORITY AT THE ANNUAL MEMBERSHIP MEETING. 03. Governing body decisions (Part VI, line 7b) MEMBERS MAY VOTE ON ANY BY-LAW AMENDMENTS. 04. Form 990 governing body review (Part VI, line 11) REVIEWED BY THE FINANCE COMMITTEE AND THEN PRESENTED TO THE BOARD FOR REVIEW AND APPROVAL BEFORE BEING FILED. 05. Conflict of interest policy compliance (Part VI, line 12c) BOARD RAISES THE CONFLICTS POLICY WHENEVER A VOTE IS ABOUT TO BE TAKEN OR A CONTRACT MADE

06. CEO, executive director, top management comp (Part VI, line 15a)

EXECUTIVE DIRECTOR SALARY IS ESTABLISHED BY REVIEWING NATIONAL DATA ON NONPROFIT

WITH A TRUSTEE IN A CONFLICT OF INTERESTS CONSTRAINT.

Name of the organization Employer identification number ASSOCIATION FOR COMMUNITY LIVING 84-0637899 EXECUTIVES AND THE 990'S OF LIKE AGENCIES IN THE AREA. ANY INCREASE IN SALARY IS DETERMINED BY BOARD MEMBERS UTILIZING AN EVALUATION TOOL, REVIEWING GOALS, CONTINUING EDUCATION AND TRAINING, AS WELL AS RESEARCH ON CURRENT ECONOMIC INCREASE RANGES IN LIKE 07. Other officer or key employee compensation (Part VI, line 15b REVEIWED AND APPROVED BY THE EXECUTIVE DIRECTOR. 08. Governing documents, etc, available to public (Part VI, line 19) AVAILABLE UPON REASONABLE REQUEST.

EEA Schedule O (Form 990) 2021