## Form **990**

#### **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

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 2022, and ending 20 Check if applicable: C Name of organization ASSOCIATION FOR COMMUNITY LIVING D Employer identification number Address change Doing business as IN BOULDER AND BROOMFIELD COUNTIES 84-0637899 Number and street (or P.O. box if mail is not Е Name change Telephone number 624 COFFMAN (303)527-0888 Initial return Final return/terminal Amended return LONGMONT, CO 80501 ,520,563 X No Application pending F Name and address of principal officer: MARK DOHERTY **H(a)** Is this a group return for subordinates? Same as C above H(b) Are all subordinates included? **X** 501(c)(3) 501(c) ( 4947(a)(1) or 527 If "No," attach a list. See instructions ACLBOULDER, ORG Website: H(c) Group exemption number X Corporation Trust L Year of formation: 1974 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE AND PROTECT THE RIGHTS OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO BE INCLUDED AS A NATURAL AND INTEGRAL PART Activities & Governance OF COMMUNITY LIFE. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 13 4 13 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) . . . . . . . 15 Total number of volunteers (estimate if necessary) 6 25 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) ....... 8 1,207,021 1,296,131 Revenue 182,538 138,635 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . 10 112,454 40,519 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . . . . . 1,375 2,500 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,460,610 1,520,563 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ....... 0 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . . . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,040,378 1,095,504 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . . . . . 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 199,680 217,701 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,240,058 1,313,205 Revenue less expenses. Subtract line 18 from line 12 . . . . . . . . 220,552 207,358 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 2,896,842 2,674,710 21 Total liabilities (Part X, line 26) . . . . . . . . . . 277,778 121,959 Net assets or fund balances. Subtract line 21 from line 20 2,619,064 2,552,751 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge MARIO SANCHEZ Sign Signature of officer Date Here MARIO SANCHEZ, TREASURER Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Paid Charles Poysti, CPA 05-04-2023 P00070003 Charles Poysti, CPA self-employed **Preparer** Firm's name Poysti & Associates LLC Firm's EIN

May the IRS discuss this return with the preparer shown above? See instructions

PO Box 371467

Denver CO 80237

No

Yes

303-285-2500

Phone no.

**Use Only** 

Firm's address

Pai	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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.
	DE INCHODED IN IL MILIONE IND INIEGALE TIME OF COMMONTER HELD
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 838,808 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.
	<del></del>
4b	(Code: ) (Expenses \$ 158,266 including grants of \$ ) (Revenue \$ )
	VOLUNTEERISM/MEMBERSHIP/PUBLIC INFORMATION: THE ASSOCIATION HAS AN ESTIMATED 200 MEMBERS, 10% OF
	WHOM VOLUNTEERED.
4c	(Code: ) (Expenses \$ 90,705 including grants of \$ ) (Revenue \$ )
70	TRAINING: THE ASSOCIATION PROVIDES TRAINING TO PARENTS OF CHILDREN, AND ADULTS WITH DEVELOPMENTAL
	DISABILITIES, AND THOSE WHO EDUCATE THEM OR PROVIDE OTHER SERVICES.
4.4	Other are green and inco (Describe on Cabadula O.)
4d	Other program services (Describe on Schedule O.)
4.5	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,087,779

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	Х	
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	1	7	х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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			
40	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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Α
••	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a	x	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
c				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е		11e		Х
f	· · · · · · · · · · · · · · · · · · ·			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	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	120	.,	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	Х	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any 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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
10	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 "Yos " complete School to School t	10		v
<b>20</b> a	If "Yes," complete Schedule G, Part III	19 20a		X
zu a b		20a		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		7	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a	Y		
h		24 <b>a</b> 24b		X
b C	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	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
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			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	31		
32	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			_ <u></u>
	Establis and a second dis Base of Esta 4000 Esta 0 Waster # 11		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c	х	
	reportable garming (garming) withings to pinzo without.	.0	47	

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	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			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/		Х
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?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
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		v
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Oa		Х
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
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		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
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		х
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		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			Х
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 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from members or shareholders			
b	against amounts due or received from them.)			
12a		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		х
	If "Yes," see the 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, or any any disqualified or other person 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

Se	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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	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,			
_	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		
Sec	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
566	tion b. I oncies (This Section B requests information about policies not required by the internal Nevenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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 on 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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	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			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Colorado			
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.			
	Own 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.			
20	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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the instructions for definition of "key
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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.

	, ,							<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		officer and a director/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	emp	Former	1099-MISC/	1099-MISC/	organization and
	related	irect	tutio	cer	emp	nest	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) AILSA WONNACOTT										
EXECUTIVE DIRECTOR					Х			109,135	0	0
(2) LINDSEY ANDERSON										
MEMBER		Х						0	0	0_
(3) JESSICA IRVIN										
MEMBER		Х						0	0	0_
(4) ELENA CIARAVINO										
MEMBER		Х						0	0	0_
(5) ANGIE ROMAN STAIGER								_	_	_
MEMBER		Х						0	0	0_
(6) KAREN ZEID								_	_	_
MEMBER		Х						0	0	0
(7) CYNDA COLLINS ARSENAULT									_	
MEMBER		Х						0	0	0
(8) TERI_REINDEL								_	_	_
MEMBER		Х						0	0	0
(9) ROBERT ENDERSON								_	_	_
MEMBER		Х						0	0	0
(10)JULI_MACKENZIE								_	_	_
MEMBER		Х						0	0	0
(11)DIANE_MALONE								_	_	_
SECRETARY		Х		х				0	0	0
(12)MARK_DOHERTY								_	_	_
CO-PRESIDENT		Х		Х				0	0	0
(13)MARIO_SANCHEZ								_	_	_
TREASURER		х		х				0	0	0
(14)BEN RHODES		_								
CO-PRESIDENT		Х		Х				0	0	0 Form <b>000</b> (2022)
										Lorm 000 (2022)

EEA Form 990 (2022)

Part	VII Section A. Officers, Directors, I	rustees,	ney i	=mp	ioye	es, ar	na r	Hignest Comp	ensated Emp	Dioyees	(contin	nued)	
	(A) Name and title		Position (do not check more than one box, unless person is both ar officer and a director/trustee)					(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related organizations (W-2/	co	(F) Estimated amount of other compensation from the		
	PUBLIC IN	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	employee  Key employee		1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	1 -	anization ar d organiza		
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>					+								
-					+								
					+								
-													
(21)													
(22)													
(23)													
(24)													
<u>(25)</u>													
1b	Subtotal				• • •		•						
c d	Total from continuation sheets to Part VII, Secti Total (add lines 1b and 1c)			 				109,135	0			0	
2	Total number of individuals (including but not limiter reportable compensation from the organization							ore than \$100,000	of	-		1	
	reportable compensation from the organization										Yes	No	
3	Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedul</i>		•			-		•		. 3		x	
4	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater the				compl	ete Sch	nedu	le J for such		_			
5	individual				 ınrela	ted ord	· ·	ation or individual		. 4		X	
	for services rendered to the organization? <i>If</i> "Yes					_				. 5		х	
	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Report comp												
	(A)	ensationioi	tile cai	criuai	ycai	ending	VVILI	(B)	lizations tax year	(C)			
	Name and business address	s						Description of service	es	Compen			
	Total number of independent contractors (in 1.1.1)	a but not li	itod to	thar -	liot-	obs	)r						
2	Total number of independent contractors (including received more than \$100,000 of compensation from	_		uiose	nsiec	above	, wn	iu					

Page 9

Part VIII St

Statement of Revenue

		Check if Schedule O contains a	response or n	ote to any line in thi	s Part VIII		<u> </u>	<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Service Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f f g h	Membership dues	1b 1c 1d 1e s, above 1f 1g		1,296,131	182,538		
Program Service Revenue					182,538			
	3 4 5	Investment income (including divide other similar amounts) Income from investment of tax-exer Royalties	mpt bond proce	eeds	40,519			40,519
	b c	Gross rents 6a  Less: rental expenses 6b  Rental income or (loss)	(i) Real	(ii) Personal				
	7a	Gross amount from sales of assets other than inventory 7a	(i) Securities	(ii) Other				
Revenue	С	Less: cost or other basis and sales expenses	· · · · · · <u>· · ·</u>					
Other Re		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses						
	9a b	<ul> <li>Net income or (loss) from fundraisi</li> <li>Gross income from gaming</li> <li>activities, See Part IV, line 19</li> <li>Less: direct expenses</li> <li>Net income or (loss) from gaming a</li> </ul>	9a					
	b	Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of	10b					
Miscellanous Revenue		OTHER INCOME		Business Code 900099	1,375	1,375		
Misc Re		All other revenue						
		Total. Add lines 11a-11d			1,375			
	12	<b>Total revenue.</b> See instructions			1,520,563	183,913	0	40,519

#### Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX										
Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D)						
8b. 9b. and 10b of Part VIII.	Total expenses	expenses	general expenses	Fundraising expenses						

Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . Compensation of current officers, directors, 76,394 109,135 21,827 10,914 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 63,202 63,024 815,090 688,864 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 39,404 32,627 3,625 3,152 9 65,247 54,024 6,003 5,220 10 66,628 55,168 6,130 5,330 11 Fees for services (nonemployees): b Legal...... 14,570 14,570 Professional fundraising services. See Part IV, line 17 . Investment management fees ....... f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 10,101 9,211 890 12 13 28,395 23,509 2,614 2,272 14 17,009 14,084 1,565 1,360 15 16 36,822 4,091 3,555 44,468 17 559 463 51 45 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings ..... 20 21 22 Depreciation, depletion, and amortization . . . . . . 19,078 15,798 1,755 1,525 23 15,734 13,028 1,447 1,259 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.) COMMUNITY EDUCATION/DEVELOPT 6,033 6,033 DIRECT AID 7,747 7,747 С OTHER PROGRAM EXPENSES 54,007 54,007 d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 1,313,205 1,087,779 126,880 98,546 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X						
				(A)		(B)			
				Beginning of year		End of year			
	1	Cash - non-interest-bearing			1				
	2	Savings and temporary cash investments	d temporary cash investments						
	3	Pledges and grants receivable, net			3				
	4 _	Accounts receivable, net			4				
	5	Accounts receivable, net  Loans and other receivables from any current or former officer, director,	1 10						
		trustee, key employee, creator or founder, substantial contributor, or 35%							
		controlled entity or family member of any of these persons			5				
	6	Loans and other receivables from other disqualified persons (as defined							
		under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .			6				
s	7	Notes and loans receivable, net	F		7				
Assets	8	Inventories for sale or use			8				
As	9	Prepaid expenses and deferred charges		5,840	9	12,263			
	10a	Land, buildings, and equipment: cost or other							
			8,022						
	b	Less: accumulated depreciation	4,382	1,082,718	10c	1,063,640			
	11	Investments - publicly traded securities	F	1,652,808	11	1,212,559			
	12	Investments - other securities. See Part IV, line 11	F		12				
	13	Investments - program-related. See Part IV, line 11	-		13				
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11	F	1,178	15	1,178			
	16	Total assets. Add lines 1 through 15 (must equal line 33)		2,896,842	16	2,674,710			
	17	Accounts payable and accrued expenses		127,778	17	121,959			
	18	Grants payable	F		18				
	19	Deferred revenue			19				
	20	Tax-exempt bond liabilities	F		20				
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21				
es	22	Loans and other payables to any current or former officer, director,							
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%							
la b		controlled entity or family member of any of these persons	-		22				
_	23	Secured mortgages and notes payable to unrelated third parties			23				
	24	Unsecured notes and loans payable to unrelated third parties	• • •	150,000	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		277,778	26	121,959			
		Organizations that follow FASB ASC 958, check here							
S		and complete lines 27, 28, 32, and 33.							
ğ	27	Net assets without donor restrictions	-	2,561,783	27	2,470,327			
3ak	28	Net assets with donor restrictions		57,281	28	82,424			
힏		Organizations that do not follow FASB ASC 958, check here							
Ī		and complete lines 29 through 33.							
s or	29	Capital stock or trust principal, or current funds	<b>-</b>		29				
set	30	Paid-in or capital surplus, or land, building, or equipment fund	F		30				
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	-		31				
	32	Total net assets or fund balances	-	2,619,064	32	2,552,751			
	33	Total liabilities and net assets/fund balances		2,896,842	33	2,674,710			

EEA

Form **990** (2022)

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,!	520,	563
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	313,	205
3	Revenue less expenses. Subtract line 2 from line 1	3			207,	358
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,0	619,	064
5	Net unrealized gains (losses) on investments	5		(:	273,	671)
6	Donated services and use of facilities	6				
7	Donated services and use of facilities	7		V		
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,	552,	751
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII			• • •		
					Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	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	Were the organization's financial statements audited by an independent accountant?	• • •	2	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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		· ·   <u>                                </u>	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			F	orm	990 (	(2022)

#### SCHEDULE A (Form 990)

#### **Public Charity Status and Public Support**

OMB No. 1545-0047

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

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. **Open to Public** 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.) Part I See instructions. 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 on 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

84-0637899

instructions

Part				` ' '	, , , , ,		, , ,
	(Complete only if you checked the						alify under
04	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease comple	te Part III.)	
	on A. Public Support	(-) 0040	(1-) 0040	(-) 0000	(-1) 0004	(-) 0000	(6) T-4-1
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")			TIO			\/
2	Tax revenues levied for the	USP	<del>    ( )                                 </del>	<del>                                     </del>	$\mathbf{H}$		Y
_	organization's benefit and either paid to	101					
	or expended on its behalf						
3	The value of services or facilities						
•	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						
·	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	·
13	First 5 years. If the Form 990 is for the o	rganization's fi	rst, second, thi	rd, fourth, or fit	fth tax year as	a section 501	(c)(3)
	organization, check this box and stop he	re					
Section	on C. Computation of Public Suppo	rt Percentag	е				
14	Public support percentage for 2022 (line 6	6, column (f), d	ivided by line 1	11, column (f))		14	%
15	Public support percentage from 2021 Sch					15	%
16a	<b>33 1/3% support test - 2022.</b> If the organ						
	box and <b>stop here.</b> The organization qua	-		-			
b	<b>33 1/3% support test - 2021.</b> If the organ						
	this box and <b>stop here.</b> The organization	•		-			
17a	10%-facts-and-circumstances test - 20	•					
	10% or more, and if the organization mee					-	
	Part VI how the organization meets the fa	cts-and-circum	nstances test.	The organization	on qualifies as	a publicly sup	ported
	organization						
b	10%-facts-and-circumstances test - 20	_					
	15 is 10% or more, and if the organization					-	•
	in Part VI how the organization meets the	facts-and-circ	umstances tes	t. The organiza	ation qualifies a	as a publicly s	upported
	organization						
18	Private foundation. If the organization d	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, check	this box and	see

EEA Schedule A (Form 990) 2022

84-0637899

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

(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.)

	on A. Public Support	T	I		1		,
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	1880,422 1SP	928,533 EC	947,022	1,207,021	OP	5,259,129
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	356,482	114,531	140,635	141,135	183,913	936,696
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	1,236,904	1,043,064	1,087,657	1,348,156	1,480,044	6,195,825
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						6,195,825
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	1,236,904	1,043,064	1,087,657	1,348,156	1,480,044	6,195,825
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	41,746	40,797	67,050	112,454	40,519	302,566
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	41,746	40,797	67,050	112,454	40,519	302,566
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			•			6,498,391
14	First 5 years. If the Form 990 is for the or	•			•	•	· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stop her						
	on C. Computation of Public Suppor			10 1 (0)		1.5	
15	Public support percentage for 2022 (line 8		-			15	95.34 %
16	Public support percentage from 2021 Sch					16	83.11 %
	on D. Computation of Investment In				(0)	T -= T	
17	Investment income percentage for 2022 (			-		17	5.00 %
18	Investment income percentage from 2021					18	5.00 %
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this b	=	-				
b	33 1/3% support tests - 2021. If the organizat						
••	line 18 is not more than 33 1/3%, check this bo		-			-	
_20	Private foundation. If the organization di	id not check a	box on line 14,	, 19a, or 19b, c	neck this box a	and see instruc	tions 📋

#### Part IV Supporting Organizations

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

Section A.	All Sup	porting	Organizations
------------	---------	---------	---------------

001.	on 7th 7th Supporting Organizations		V	NI-
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status	1		
_	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 Part VI 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	30		
<b>4</b> a	"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	Ta		
~	supported organization? If "Yes," describe in <b>Part VI</b> 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	_		
L-	was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> 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?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
•	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			
	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			
	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> .	0-		
h	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	9a		
b	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	30		
•	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9с		
I0a	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		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

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 on lines 11b and							
	11c below, the governing body of a supported organization?	11a						
b	A family member of a person described on line 11a above?	11b						
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,							
	provide detail in Part VI.	11c						
Secti	on B. Type I Supporting Organizations							
			Yes	No				
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or							
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,							
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 <b>Part</b>							
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,							
	supervised, or controlled the supporting organization.							
Secti	on C. Type II Supporting Organizations							
			Yes	No				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors							
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control							
	or management of the supporting organization was vested in the same persons that controlled or managed							
	the supported organization(s).	1						
Secti	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? If "No," explain in Part VI how							
	the organization maintained a close and continuous working relationship with the supported organization(s).	2						
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have							
	a significant voice in the organization's investment policies and in directing the use of the organization's							
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's							
	supported organizations played in this regard.	3						
Secti	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	e inst	ructio	ns).				
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>							
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>							
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruc	ctions)						
2	Activities Test. Answer lines 2a and 2b below.		Yes	No				
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of							
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>							
	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	24						
3	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> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or							
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20						
h	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in <b>Part VI.</b></i>	3a						
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2h						
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b						

Part								
1								
	instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Section					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1_	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3	1/1/(//	DV				
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection							
	of gross income or for management, conservation, or maintenance of							
	property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in <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						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functiona	lly ir	ntegrated Type III supporting	ng organization				
	(see instructions).			-				

EEA Schedule A (Form 990) 2022

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:
a Excess from 2018
b Excess from 2019
c Excess from 2020
d Excess from 2021
e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	<ul> <li>provide details in Part</li> </ul>	<b>VI)</b> 5	/
6	Other distributions (describe in Part VI). See instructions.		6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp		
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
_10_	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			

EEA Schedule A (Form 990) 2022

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.)
PUBLIC INSPECTION COPY

#### Schedule B (Form 990)

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATION FOR COMMUNITY LIVING

Employer identification number 84-0637899

Organiz	ation type (cneck one):					
Filers of	LODI	SHIC INSPECTION COPY				
Form 99	0 or 990-EZ	∑ 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Check if	your organization is cove	ered by the <b>General Rule</b> or a <b>Special Rule</b> .				
Note: O instruction	•	3), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General	Rule					
	•	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a outions.				
Special	Rules					
x	regulations under section 16b, and that received for	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or rom any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Courtic	n. An arganization that is	in't covered by the Coneral Pule and/or the Special Pules descrit file Schedule P (Form 900), but it				

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

ASSOCIATION FOR COMMUNITY LIVING

Employer identification numb 84-0637899

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_1_	PUBLIC INSPEC	<b>TIONC</b> \$	Person Payroll 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					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_3_		\$150,000	Person x Payroll					
(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)

### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

**Open to Public** Inspection

Employer identification number

ASSOC	LIATION FOR COMMUNITY LIVING	84-0637899	
Pai	organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	ounts.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.		_
	(a) Donor advised funds	(b) Funds and other ac	counts
1	Total number at end of year	COL	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusive legal control?	🗌 Y	′es 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use		
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose		
	conferring impermissible private benefit?		′es 🗌 No
Part			
	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).		
		nistorically important land are	a
		certified historic structure	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation	
	easement on the last day of the tax year.	Held at the End	of the Tax Year
а	Total number of conservation easements	. 2a	
b	Total acreage restricted by conservation easements	. 2b	
С	Number of conservation easements on a certified historic structure included in (a)		
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a		
	historic structure listed in the National Register	. 2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or		
	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?		es No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva-	ation easements during the y	rear
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		′es 🗌 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense st	atement and	
	$balance\ sheet, and\ include, if\ applicable, the\ text\ of\ the\ footnote\ to\ the\ organization's\ financial\ statements$	that describes the	
	organization's accounting for conservation easements.		
Par		ther Similar Assets.	
	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		
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance 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 ball		
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	ance of public service,	
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial g	ain, 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		
b	Assets included in Form 990, Part X	\$	

Par	t III Organizations Maintaining C	Collections of Art,	Historical T	reasures, o	or Other Similar A	Assets (continued)	
3	Using the organization's acquisition, accessio	n, and other records, ch	eck any of the fo	ollowing that ma	ake significant use of its	5	
	collection items (check all that apply):						
а	Public exhibition		d Loan o	r exchange pro	gram		
b	Scholarly research		e Other				
С	Preservation for future generations		_				
4	Provide a description of the organization's col	llections and explain how	w thev further the	e organization's	s exempt purpose in Pa	ırt	
	XIII.						
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of				. Yes No	
Par	t IV Escrow and Custodial Arran	_				_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian	n or other intermediary f	or contributions	or other assets	not		
	included on Form 990, Part X?					Yes No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the followi	ng table:				
					A	mount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Fo				liability?	Yes No	
b	If "Yes," explain the arrangement in Part XIII.				•		
Par				p			
	Complete if the organization a	inswered "Yes" on	Form 990 P	art IV line 1	0		
	o omproto ir uro organizationi d		(b) Prior year	(c) Two years b		k (e) Four years back	
1a	Beginning of year balance	(a) Current year	(b) Theryear	(b) Two years b	(a) Three years bac	(c) Four yours buok	
b	Contributions						
	Net investment earnings, gains, and						
С	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
_	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curre	,	e 1g, column (a)	) held as:			
а	Board designated or quasi-endowment						
b	Permanent endowment%						
С	Term endowment%						
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.					
3a	Are there endowment funds not in the posses	ssion of the organization	that are held ar	nd administered	for the		
	organization by:					Yes No	
	(i) Unrelated organizations					3a(i)	
	(ii) Related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as required	on Schedule R?			3b	
4	Describe in Part XIII the intended uses of the	organization's endowm	ent funds.				
Par	t VI Land, Buildings, and Equipr	ment.					
	Complete if the organization a	inswered "Yes" on	Form 990, P	art IV, line 1	1a. See Form 990	), Part X, line 10.	
	Description of property	(a) Cost or other basi		r other basis	(c) Accumulated	(d) Book value	
		(investment)	(	other)	depreciation		
1a	Land			355,000		355,000	
b	Buildings			763,140	64,382	698,758	
C	Leasehold improvements			,	01,002	2237.20	
d	Equipment			9,882		9,882	
e	Other			2,002		J,002	
	Add lines 1a through 1e. (Column (d) must ed		column (R) line	10c.)		1,063,640	
	(a) made of	, , r are M, C		,		_,000,010	

Schedule D (For		COMMUNITY LI	VING		84-	0637899	Page 3
Part VII	Investments - Other Securities.  Complete if the organization answered	d "Yes" on Forn	n 990. Part I'	V, line 11b.	See Form	990, Part X. lin	ie 12.
	(a) Description of security or category		(b) Book value		(c) Me	thod of valuation:	<del></del>
(1) Financial o	(including name of security)				Cost or end	-of-year market value	
` '	eld equity interests						
(3) Other							
(A)							
(B)	HRHC INS		`     (			1DA	
(C)	ODLIO IIVO	<u> </u>	<u>ノ                                    </u>		U	<u> </u>	
(D)							
(E)							
(F) (G)							
(H)							
	n (b) must equal Form 990, Part X, col. (B) line 12	2.)					
Part VIII	Investments - Program Related.						
	Complete if the organization answered	d "Yes" on Forn	n 990, Part I	V, line 11c.	See Form	990, Part X, lin	e 13.
	(a) Description of investment		(b) Book value	,	` '	thod of valuation:	
					Cost or end	-of-year market value	
(1) (2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	n (b) must equal Form 990, Part X, col. (B) line 13	D 1					
Part IX	Other Assets.	5. <i>)</i>					
T GIT IN	Complete if the organization answered	d "Yes" on Forn	n 990, Part I	V, line 11d.	See Form	990, Part X, lin	e 15.
		escription		•		(b) Book valu	
(1)OTHER A	ASSETS						1,178
(2)							
(3)							
(4)							
(5) (6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 15	5.)					1,178
Part X	Other Liabilities.						
	Complete if the organization answered line 25.	d "Yes" on Forn	n 990, Part I	V, line 11e	or 11f. See	e Form 990, Pai	rt X,
1.	(a) Description of liability	(b) Book va	llue				
(1) Federal i	ncome taxes						
(2)							
(3)							
(4)							
(5) (6)							
(7)							
(8)							
(9)							
Total. (Column (	(b) must equal Form 990, Part X, col. (B) line 25.)						

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . . . .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1,246,892 Amounts included on line 1 but not on Form 990. Part VIII. line 12: 2 2a (273,671)2b b Recoveries of prior year grants . 2c Other (Describe in Part XIII.) 2d d Add lines 2a through 2d . Subtract line 2e from line 1 . 1,520,563 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). . . . . . . . . . 5 1,520,563 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1,313,205 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 b 2b Other losses 2c 2d 2e 3 1,313,205 Amounts included on Form 990. Part IX. line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . . . . . . 4b Add lines 4a and 4b . . . . . . . . . . . . . . . . 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)..... 5 1,313,205 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2022

# SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

ASSOCIATION FOR COMMUNITY LIVING

Employer identification number
84-0637899

01. Members or stockholder classes and rights (Part VI, line 6)  THERE IS ONE CLASS OF MEMBERS. MEMBERS HAVE THE RIGHT TO VOTE ON AMEMDMENTS TO THE
BY-LAWS, ATTEND ANNUAL MEETINGS, REQUEST REVIEW OF ACTIONS OF THE BOARD OF DIRECTORS, TO
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
WITH A TRUSTEE IN A CONFLICT OF INTERESTS CONSTRAINT.
06. CEO, executive director, top management comp (Part VI, line 15a)

Schedule O (Form 990) 2022 Page 2

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 L 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) 2022