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)

2020

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

	For th	e 2020 calendar v	ear, or tax year begin	ning			ınd endir	ng		, 20
B Check if applicable: C Name of organization ASSOCIATION FOR COMMUNITY LIVING D Employer identificati										
$\bar{\Box}$		Address change Doing business as IN BOULDER AND BROOMFIELD COUNTIES								84-0637899
Ħ	Name cl	•		O. box if mail is not delivered to		JUN1111	Room/suit	۵	F Teler	phone number
H	Initial re	•	624 COFFMAN ST		o street address)		T COOTINGUIC	Ĭ	Liciop	(303)527-0888
Н		turn/terminated	C Cros	s receipts						
Н		ed return		vince, country, and ZIP or foreign	gri postar code				\$	·
H			LONGMONT, CO 8		DNEC			II/a\ Iailia	-	1,154,707 for subordinates? Yes X No
Ш	Applicat	tion pending	Same as C abox	ncipal officer: ELLEN BU	KINES					
_	T	empt status: X 501		, – –	947(a)(1) or	507		H(b) Are all s		
	Website) (insert no.) 49	947(a)(1) or	527				st. See instructions
		organization: X Corp	ULDER . ORG	and attack and a contract to		1 V		H(c) Group 6		-
	art I		poration Trust Ass	ociation Other >		L Year of formati	ion: 197	4 M S	state of leg	gal domicile: CO
ГС		Summary Briefly described	the ergonization's miss	ion or most significant o	otivition. TO	DD01/08E 1				GUING OF PROPER
	1		=	ion or most significant a						GHTS OF PEOPLE
ø		_		ELOPMENTAL DISA	BILITIES TO) BE INCL	UDED A	AS A NA	TURAL	AND INTEGRAL PART
anc		OF COMMUNIT	LA PIRE.							
ern		Objects the service		and the second second second second			050/ -1:1	1		
Governance	2		_	n discontinued its operat	•				1	
	3	`		erning body (Part VI, line	,					12
es	4		ū	s of the governing body	,					12
Ξ	5			n calendar year 2020 (Pa						15
Activities &	6		volunteers (estimate if	• /						
-	7a			Part VIII, column (C), lin						0
	, t	Net unrelated bu	isiness taxable income	from Form 990-T, Part	I, line 11				. 7b	0
								Prior Year		Current Year
	8		d grants (Part VIII, line	•				928	,533	947,022
ne	9	Program service	revenue (Part VIII, line	e 2g)				112	,986	138,635
Revenue	10	Investment incon	ne (Part VIII, column (A	A), lines 3, 4, and 7d) .			•	190	,038	67,050
æ	11	Other revenue (F	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							2,000
	12	Total revenue - a	add lines 8 through 11 (must equal Part VIII, col	umn (A), line 12)			1,233	,102	1,154,707
	13	Grants and simila	ar amounts paid (Part	IX, column (A), lines 1-3)		•			0
	14	Benefits paid to	to or for members (Part IX, column (A), line 4)							0
"	15	Salaries, other co	ompensation, employee	e benefits (Part IX, colur	nn (A), lines 5-10)	•	889	,998	967,215
Expenses	16a	a Professional fun	draising fees (Part IX,	column (A), line 11e) .						0
per	l t	b Total fundraising	expenses (Part IX, co	lumn (D), line 25) ▶		87,356				
М	17	Other expenses	(Part IX, column (A), lii	nes 11a-11d, 11f-24e)				212	2,585	107,855
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, column (A), line 25)			1,102	,583	1,075,070
	19	Revenue less ex	penses. Subtract line	18 from line 12				130	,519	79,637
5	Ses						Begin	ning of Curre	ent Year	End of Year
Net Assets or	<u>E</u> 20	Total assets (Pa	rt X, line 16)		. .			2,406	,761	2,880,989
ASS	21	Total liabilities (F	Part X, line 26)		. .			87	,886	482,477
_				line 21 from line 20				2,318	8,875	2,398,512
	rt II	Signature								
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.										
	,	,	FF (,		,				
O: -		ELLEN E								06-01-2021
Sig	Jn	Signature of o	officer						Da	ate
He	re	ELLEN E	-	ER						
		1,	name and title	T						
		Print/Type prepare	r's name	Preparer's signature		Date		Check	if	PTIN
Pai			oysti, CPA	Charles Poysti,	CPA	06-01-20	21	self-em	ployed	P00070003
	pare		Poysti &	Associates LLC	!		Fi	rm's EIN 🕨		
Us	e On	ly Firm's address ▶	PO Box 3	371467			Ph	none no.		
			Denver C	0 80237					303-	285-2500
May	tha IE	29 discuss this rotu	m with the property ch	nown above? (see instru	ctions)					X Ves No

TRAINING: THE ASSOCIATION PROVIDES TRAINING TO PARENTS OF CHILDREN, AND ADULTS WITH DEVELOPMENTAL 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses ▶ 870,727 Form 990 (2020)

Part IV

84-0637899

ASSOCIATION FOR COMMUNITY LIVING **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	4		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
11	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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes,"			
а	complete Schedule D, Part VI	11a	v	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	1 Ia	х	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С		110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d		110		Λ
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	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		110		Λ
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			Λ
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
	"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			
	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		x
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	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			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Pa	rt 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Λ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C		24c		
a	to defease any tax-exempt bonds?	24d		
d		240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
	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		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			
	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 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		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Λ
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
		31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		
00	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		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 in 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			
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			

reportable gaming (gambling) winnings to prize winners?

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 2b Х Did the organization have unrelated business gross income of \$1,000 or more during the year?......... 3a 3a Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O......... h 3b 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 5a х b 5b Х С 5c 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 Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a х b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c х d 7d е х 7f х f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... g 7g Х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 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 Sponsoring organizations maintaining donor advised funds. 9a Х b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? х 10 Section 501(c)(7) organizations. Enter: а b 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in which b 13b C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b 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 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.

ASSOCIATION FOR COMMUNITY LIVING Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Section A.	Governing Body and Management
	Check if Schedule O contains a response or note to any line in this Part VI
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	tion A. Coverning 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, or 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		х
6 7-	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	70		
h	one or more members of the governing body?	7a	х	
b		7h	v	
8	stockholders, or persons other than the governing body?	7b	х	
0	the year by the following:			
а	The governing body?	8a	х	
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	Λ.	
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		Λ
			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	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
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	x	
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 in 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	4Ch		
500	organization's exempt status with respect to such arrangements?	16b		
3 e c 17				
1 <i>7</i> 18	List the states with which a copy of this Form 990 is required to be filed Colorado Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
. •	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	AILSA WONNACOTT (303)527-0888, 624 COFFMAN ST, LONGMONT, CO 80501			

Section A.

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

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

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

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

Column C		(C)									
Average	(A)	(B)				(D)	(F)	(F)			
Oliver and a director/invised per week (list any hours for nealized organizations dependence of the compensation from the organizations (W-2/1099-MISC)											
(ist any hours for related organizations for related organizations) (ist any hours for related organizations (ist any h	Nume and the	_						l	•	'	
Comparison Com											
Control Cont		, ,	or o	ns	Q	Kej	Hig		organization (W-2/1099-MISC)		
(1) AILSA WONNACOTT EXECUTIVE DIRECTOR (2) ROBERT ENDERSON MEMBER (3) MERRILL GLUSTROM MEMBER (4) MARC COWELL MEMBER (5) KAREN ZEID MEMBEE (6) CYNDA COLLINS ARSENAULT MEMBER (7) BEN RHODES MEMBER (8) LINDSEY ANDERSON MEMBER (9) MARK DOHERTY CO-PRESIDENT (10) MARY HAGLER CO-PRESIDENT (10) AILSA WONNACOTT X			direc		cer	/ em	hest	mer	(,		related organizations
(1) AILSA WONNACOTT EXECUTIVE DIRECTOR (2) ROBERT ENDERSON MEMBER (3) MERRILL GLUSTROM MEMBER (4) MARC COWELL MEMBER (5) KAREN ZEID MEMBEE (6) CYNDA COLLINS ARSENAULT MEMBER (7) BEN RHODES MEMBER (8) LINDSEY ANDERSON MEMBER (9) MARK DOHERTY CO-PRESIDENT (10) MARY HAGLER CO-PRESIDENT (10) AILSA WONNACOTT X			tor al tru	nal		ploy	con				
(1) AILSA WONNACOTT EXECUTIVE DIRECTOR (2) ROBERT ENDERSON MEMBER (3) MERRILL GLUSTROM MEMBER (4) MARC COWELL MEMBER (5) KAREN ZEID MEMBEE (6) CYNDA COLLINS ARSENAULT MEMBER (7) BEN RHODES MEMBER (8) LINDSEY ANDERSON MEMBER (9) MARK DOHERTY CO-PRESIDENT (10) MARY HAGLER CO-PRESIDENT (10) AILSA WONNACOTT X			ustee	trust		ee	pen				
(1) AILSA WONNACOTT EXECUTIVE DIRECTOR (2) ROBERT ENDERSON MEMBER (3) MERRILL GLUSTROM MEMBER (4) MARC COWELL MEMBER (5) KAREN ZEID MEMBE MEMBE X 0 0 0 0 0 (6) CYNDA COLLINS ARSENAULT MEMBER X 0 0 0 0 0 (8) LINDSEY ANDERSON MEMBER X 0 0 0 0 0 0 0 0 0 0 0 0		dotted line)		ee			sate				
EXECUTIVE DIRECTOR							<u> </u>				
EXECUTIVE DIRECTOR											
C2 ROBERT ENDERSON	(1) AILSA WONNACOTT										
MEMBER	EXECUTIVE DIRECTOR					x			101,363	0	0
S MERRILL GLUSTROM	(2) ROBERT ENDERSON										
MEMBER X 0 0 0 (4) MARC_COWELL 0 0 0 0 MEMBER X 0 0 0 (5) KAREN_ZEID 0 0 0 0 MEMBE X 0 0 0 (6) CYNDA_COLLINS_ARSENAULT 0 0 0 0 MEMBER X 0 0 0 0 (7) BEN_RHODES 0	MEMBER		х						0	0	0
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S KAREN ZEID	(4) MARC_COWELL										
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MEMBER	(5) KAREN ZEID										
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(7) BEN RHODES X 0 0 0 MEMBER X 0 0 0 (8) LINDSEY ANDERSON 0 0 0 0 (9) MARK DOHERTY 0 0 0 0 CO-PRESIDENT X X 0 0 0 (10)MARY HAGLER 0 0 0 0 (11)ELLEN BURNES 0 0 0 0	(6) CYNDA COLLINS ARSENAULT										
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(8) LINDSEY ANDERSON MEMBER X 0 0 0 (9) MARK DOHERTY X X 0 0 0 CO-PRESIDENT X X 0 0 0 (10)MARY HAGLER X X 0 0 0 (11)ELLEN BURNES 0 0 0	(7) BEN RHODES										
MEMBER X 0 0 0 (9) MARK DOHERTY CO-PRESIDENT X X 0 0 0 CO-PRESIDENT X X 0 0 0 0 CO-PRESIDENT X X 0 0 0 0 (11) ELLEN BURNES	MEMBER		х						0	0	0
(9) MARK DOHERTY CO-PRESIDENT X X 0 0 0 (10)MARY HAGLER CO-PRESIDENT X X 0 0 0 (11)ELLEN BURNES	(8) LINDSEY ANDERSON										
CO-PRESIDENT X X 0 0 0 (10)MARY HAGLER CO-PRESIDENT X X 0 0 0 (11)ELLEN BURNES (1	MEMBER		х						0	0	0
(10)MARY HAGLER X X 0 0 0 CO-PRESIDENT X X 0 0 0 (11)ELLEN BURNES 0 0 0	(9) MARK_DOHERTY										
CO-PRESIDENT X X 0 0 0 (11)ELLEN BURNES	CO-PRESIDENT		х		х				0	0	0
(11)ELLEN_BURNES	(10)MARY_HAGLER										
	CO-PRESIDENT		х		х				0	0	0
TREASURER X X 0 0 0	(11)ELLEN_BURNES										
	TREASURER		х		х				0	0	0
(12)JULI_MACKENZIE	(12)JULI_MACKENZIE										
SECRETARY X X 0 0 0	SECRETARY		х		х				0	0	0
(13)MARIO SANCHEZ	(13)MARIO SANCHEZ	L									
VICE PRESIDENT X X 0 0 0			х		х				0	0	0_
(14)	(14)										

EEA Form 990 (2020)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					((C)							
	(A)		(B) Position (do not check more than one						(D)	(E)		(F)	
	Name and title	Average	,						Reportable	Reportable	Estin	nated am	nount
	hours	omoor and a an octor.				/trustee))	compensation from the	compensation from related		of other mpensat		
		per week (list any			_	_			organization	organizations	1	from the	.1011
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	1	anization d organiz	
		related	ector	ution	¥,	mplo	est co oyee	<u>e</u>			Telate	u organiz	Zalions
		organizations below	trust	al tru		руее	ompe						
		dotted line)	ee	stee			ensat						
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(15)													
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(18)													
(19)													
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-													
<u>(21)</u>													
(22)													
(23)													
(0.4)													
(24)													
(2E)													
(25)													
1b	Subtotal												
C	Total from continuation sheets to Part VII, Sect							-					
d	Total (add lines 1b and 1c)								101,363	0			0
2	Total number of individuals (including but not limit										1		
	reportable compensation from the organization				,				, , , , , , , , , , , , , , , , , , ,				1
	, ,											Yes	No
3	Did the organization list any former officer, direc	tor, trustee,	key en	nploy	/ee,	or h	ighest	t con	npensated				
	employee on line 1a? If "Yes," complete Schedul	le J for such	individ	lual							. 3		x
4	For any individual listed on line 1a, is the sum of re	eportable cor	mpensa	ation	and	oth	er con	npen	sation from the				
	organization and related organizations greater th	an \$150,000)? If "Y	'es,"	con	nplei	te Sch	edul	le J for such				
	individual										. 4		x
5	Did any person listed on line 1a receive or accrue	compensation	on from	any	unr	elate	ed org	aniza	ation or individual				
	for services rendered to the organization? If "Yes	s," complete	Schea	ule .	J for	suc	h pers	son			. 5		Х
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensa												
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ear e	ending	with	or within the orga	nization's tax year			
								(C)					
	Name and business addres	SS							Description of service	es	Compen	sation	
2	Total number of independent contractors (includin	a hut not lim	itad ta	thos	ما ام	ted .	ahovo') 14/h-	0				
-	received more than \$100,000 of compensation fro	-						,	~				

ASSOCIATION FOR COMMUNITY LIVING

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Revenue excluded Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 Federated campaigns 1a Membership dues 1b Contributions, Gifts, Grants and Other Similar Amounts Fundraising events 1c **d** Related organizations 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 947,022 Noncash contributions included in lines 1a-1f 1g | \$ Total. Add lines 1a-1f 947,022 2a PROGRAM SERVICE FEES 624100 138,635 138,635 Program Service Revenue f All other program service revenue 138,635 Investment income (including dividends, interest, and 67,050 67,050 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses . . 6b c Rental income or (loss) **d** Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis and sales expenses . . 7b Other Revenue c Gain or (loss) 7c 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11a OTHER INCOME 900099 2,000 2,000 b **d** All other revenue 2,000 e Total. Add lines 11a-11d 1,154,707 138,635 69,050

	n 990 (2020) ASSOCIATION FOR COMMUN rt IX Statement of Functional Expenses			84-06378	99 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other organ	nizations must complet	e column (A)	
0000	Check if Schedule O contains a response or note to a		-	· · · · · · · · · · · · · · · ·	П
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Ob, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепаса	general expenses	схрензез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	101,363	70,954	20,273	10,136
6	Compensation not included above, to disqualified	2027000	707331	20,273	20,230
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	723,957	602,507	63,084	58,366
8	Pension plan accruals and contributions (include	7237337	002/007	03,001	30,300
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	76,003	62,019	7,677	6,307
10	Payroll taxes	65,892	53,768	6,655	5,469
11	Fees for services (nonemployees):	037032	337700	0,000	3,103
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
J	(A) amount, list line 11g expenses on Schedule O.)	16,150	4,459	11,238	453
12	Advertising and promotion	4,191	4,191		
13	Office expenses	31,102	25,381	3,140	2,581
14	Information technology	13,059	10,656	1,319	1,084
15	Royalties		-	_	
16	Occupancy	6,589	5,377	665	547
17	Travel	5,058	4,127	511	420
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	12,251	9,997	1,237	1,017
23	Insurance	11,761	9,597	1,188	976

1,251

2,797

3,646

1,075,070

1,251

2,797

3,646

870,727

116,987

87,356

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.)

Total functional expenses. Add lines 1 through 24e. .

a COMMUNITY EDUCATION/DEVELOPT

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

if

c OTHER PROGRAM EXPENSES

b DIRECT AID

e All other expenses

25

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cook non-interest hearing	beginning or year	1	Life of year
	2	Cash - non-interest-bearing Savings and temporary cash investments	F24 C0C	2	631 303
			534,696	3	631,282
	3	Pledges and grants receivable, net			
	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		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	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	7,806
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,132,459			
	b	Less: accumulated depreciation	750,833	10c	1,101,722
	11	Investments - publicly traded securities	1,121,232	11	1,139,001
	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		15	1,178
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,406,761	16	2,880,989
	17	Accounts payable and accrued expenses	87,886	17	109,838
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
<u>I</u> E		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	200,000
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	172,639
	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	87,886	26	482,477
		Organizations that follow FASB ASC 958, check here			
(0		and complete lines 27, 28, 32, and 33.			
Ç	27	Net assets without donor restrictions	2,318,875	27	2,333,754
alar	28	Net assets with donor restrictions		28	64,758
Ä		Organizations that do not follow FASB ASC 958, check here			
جّ.		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
its (30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
et A	32	Total net assets or fund balances	2,318,875	32	2,398,512
ž	33	Total liabilities and net assets/fund balances	2,406,761	33	2,880,989
			-		

EEA Form **990** (2020)

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,	154,	707		
2	Total expenses (must equal Part IX, column (A), line 25)		1,075,070				
3	Revenue less expenses. Subtract line 2 from line 1		79,637				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		2,	318,	875		
5 Net unrealized gains (losses) on investments							
6	Donated services and use of facilities						
7	Investment expenses						
8	Prior period adjustments						
9	Other changes in net assets or fund balances (explain on Schedule O)				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,	398,	512		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			. 🗆		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Cash Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	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						
	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	<u></u>	3b				
EΑ			Form	990 (2020)		

SCHEDULE A (Form 990 or 990-EZ)

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

ASSOCIATION FOR COMMUNITY LIVING 84-0637899 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. **d** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 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 above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2020 ASSOCIATION FOR COMMUNITY LIVING 84-0637899 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (e) 2020 (f) Total 1 Gifts, grants, contributions, and 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 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. 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) Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (e) 2020 (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 Total support. Add lines 7 through 10... 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage **14** Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check

% % 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2020

EEA

(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.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	770,079	787 , 782	880,422	928,533	947,022	4,313,838
2	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				-	-	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.	158,468	407,879	356,482	114,531	140,635	1,177,995
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						
6	organization without charge	000 545	1 105 661	1 026 004	1 043 064	1 000 650	- 401 022
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	928,547	1,195,661	1,236,904	1,043,064	1,087,657	5,491,833
1 a	received from disqualified persons	607 406	717,054				1 414 550
h	Amounts included on lines 2 and 3	697,496	717,054				1,414,550
	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	697,496	717,054				1,414,550
	Public support. (Subtract line 7c from	,	,				_,,
	line 6.)						4,077,283
Sec	ction B. Total Support					·	
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	928,547	1,195,661	1,236,904	1,043,064	1,087,657	5,491,833
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	44,213	76,593	41,746	40,797	67,050	270,399
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	44,213	76,593	41,746	40,797	67,050	270,399
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.)						
13	and 12.)	072 760	1 272 254	1,278,650	1 002 061	1 154 707	E 760 000
11	First 5 years. If the Form 990 is for the orga						5,762,232
'7	organization, check this box and stop here	•		•	•	. , , ,	
Sec	ction C. Computation of Public Suppor						···· - <u>_</u>
	Public support percentage for 2020 (line 8, c			column (f))		15	70.76 %
	Public support percentage from 2019 Sched					16	58.22 %
	ction D. Computation of Investment In			·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	Investment income percentage for 2020 (line			ne 13, column	(f))	17	5.00 %
18	Investment income percentage from 2019 Se	chedule A, Part	III, line 17 .			18	4.00 %
19a	33 1/3% support tests - 2020. If the organiz	ation did not ch	neck the box o	n line 14, and l	ine 15 is more	than 33 1/3%,	and line
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz						
	line 18 is not more than 33 1/3%, check this	=	_	-			
20	Private foundation. If the organization did r	ot check a box	on line 14, 19	a, or 19b, chec	k this box and	see instructions	s ▶ 🗍

Part IV Supp

Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
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9a		
9b		
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9с		
10a		
10b		

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide dotal in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers using 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 organizations officers, directors, or inustees at all times during the tax year? If "No", "describe in Part VI into the supported organizations of the supported organizations and what conditions or restrictions," any, applied to such powers during the tax year. 1 Did the organization operated for the benefit of any supported organizations for the present of the benefit of any supported organizations of the tax year. 2 Did the organization operated is carried out the purposes of the supported organizations of the present of the benefit of any supported organizations of the present of the supported organizations of the supported organizations. 1 Were a majority of the organization's supported organization's the supported organization's supported organization manifered a close and confluence with the supported organization manifered a close and confluence with supported organization's supported organization manifered a close	Par	t IV Supporting Organizations (continued)			
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the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
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 b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 		how the organization was responsive to those supported organizations, and how the organization determined			
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Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b				
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 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	•	· · · · · · · · · · · · · · · · · · ·	2b		
trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		20		
	h		эa		
	b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sched	ule A (Form 990 or 990-EZ) 2020 ASSOCIATION FOR COMMUNITY LIVING		84-063	3 7899 Page
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 <i>(expla</i>	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizations	must complete Section	ns A through E.
Sec	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C - Distributable Amount			Current Year

(see instructions).

1 2

3

4

5

6

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Minimum asset amount for prior year (from Section B, line 8, Column A)

EEA

3

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

7

8

9

8 Distributions to attentive supported organizations to which the organization is responsive

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2020 from Section C, line 6

(provide details in Part VI). See instructions.

Pa	rt v Type III Non-Functionally integrated 509(a)(3) Supporting Organizations (continue	<u>a)</u>	
Sec	ction D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	

9 Distributable amount for 2020 from Section C, line 0		9	
10 Line 8 amount divided by line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020			
(reasonable cause required - explain in Part VI). See			
instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from			
Section D, line 7:			
Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2021 . Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

EEA

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, 990-EZ, or 990-PF) **Schedule of Contributors**

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATION FOR COMMUNITY LIVING

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number

84-0637899

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
ASSOCIATION FOR COMMUNITY LIVING

Employer identification number

84-0637899

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARC THRIFT STORES 12345 W ALAMEDA PKWY STE 111 DENVER CO 80228	\$699,133	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	DANIELS FUND 101 MONROE ST DENVER CO 80206	\$\$	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DENVER FOUNDATION 55 MADISON ST STE 800 DENVER CO 80206	\$	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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

ASS	OCIATION FOR COMMUNITY LIVING		84-0637899
Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" on		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advised	I
_	funds are the organization's property, subject to the organization	-	
6	Did the organization inform all grantees, donors, and donor adv		
•	only for charitable purposes and not for the benefit of the donor		-
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
. u	Complete if the organization answered "Yes" or	n Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Freservation o	or a certified historic structure
2		conservation contribution in the form of a co	onconvotion
2	Complete lines 2a through 2d if the organization held a qualified	Conservation contribution in the form of a co	
_	easement on the last day of the tax year.		Held at the End of the Tax Year
a		• • • • • • • • • • • • • • • • • • • •	
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.		<u>2c</u>
d	Number of conservation easements included in (c) acquired af		
•	· · · · · · · · · · · · · · · · · · ·		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	ganization during the
	tax year •		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservat	tion easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements t	hat describes the
D -	organization's accounting for conservation easements.	of Aut Illiate vised Tree comes and	241 0''1 44-
Pa	rt III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publi		rance of public
	service, provide, in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
			·
	(ii) Assets included in Form 990, Part X		-
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial ga	in, provide the
	following amounts required to be reported under FASB ASC 9	58 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

Pai	rt III Organizations Maintaining C	ollections of Art, H	istor	ical Treasures,	or Ot	her Similar A	ssets (cont	inued)
3	Using the organization's acquisition, accession, a	and other records, check a	ny of t	he following that mal	ke signi	ficant use of its			
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exchange p	orogram	s			
b	Scholarly research	е		Other	_				
С	Preservation for future generations								
4	Provide a description of the organization's collect	tions and explain how they	v furthe	er the organization's	exempt	purpose in Part			
	XIII.		,	g					
5	During the year, did the organization solicit or red	ceive donations of art histo	orical t	reasures or other si	milar				
	assets to be sold to raise funds rather than to be						Пу	es	□No
Pai	rt IV Escrow and Custodial Arrang		0.94.				· <u> </u>		
. u	Complete if the organization and		m ac	∩ Part IV line 0	or re	norted an am	ount or	For	m
	990, Part X, line 21.	Swered 165 on 161	111 00	o, raitiv, iiio c	, OI 10	ported arrair	iount or	1 01	
1a	Is the organization an agent, trustee, custodian or	r other intermediany for con	otribut	one or other accets	not				
ıa		· · · · · · · · · · · · · · · · · · ·						00	□No
h	If "Yes," explain the arrangement in Part XIII and						· · · 🖂 '	62	
b	ii res, explain the attailgement in Fart Ain and	i complete the following tai	oie.			Δ.	marint		
_	Desiration belones				4-		mount		
C	0 0								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Form				-				∐ No
ь	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the explanation	has b	een provided on Par	rt XIII			• •	
Pai	Endowment Funds.								
	Complete if the organization and	swered "Yes" on For	m 99	0, Part IV, line 1	10.				
		(a) Current year (b)	Prior ye	ar (c) Two years	back	(d) Three years bac	k (e) F	ur yea	rs back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	year end balance (line 1g,	colum	n (a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment ► %								
С	Term endowment ► %								
	The percentages on lines 2a, 2b, and 2c should e	equal 100%.							
3a	Are there endowment funds not in the possession	on of the organization that a	are he	ld and administered	for the				
	organization by:	· ·						Ye	s No
	,						3a()	
b	If "Yes" on line 3a(ii), are the related organization						·	1	
4	Describe in Part XIII the intended uses of the org	•							
	rt VI Land, Buildings, and Equipme								
. u	Complete if the organization and		m 90	0 Part IV line 1	11a S	ee Form 990	Part X	line	10
	Description of property	(a) Cost or other basis) Cost or other basis		Accumulated		ook val	
	Description of property	(investment)	'	(other)		epreciation	(u) D	JUN VAI	uo
12	Land	, , ,	+	` '	<u> </u>			255	. 000
1a	Land		+	355,000		20 727			,000
b	Buildings	•	+	763,140		30,737		132	2,403
C	Leasehold improvements	•	+						
d	Equipment		+	14,319				14	319
<u>e</u>	Other			2) " 40 '					
Tota	 Add lines 1a through 1e. (Column (d) must equ 	uaı ⊢orm 990, Part X, colu	ımn (E	s), Iine 10.c)		🕨 📗	1	,101	.,722

Schedule D (Form	990) 2020 ASSOCIATION FOR	COMMUNITY L	IVING		84-0	637899	Page 3
Part VII	Investments - Other Securities.						
	Complete if the organization answered	d "Yes" on For	m 990, Part	IV, line 11b	. See Form 9	390, Part X,	line 12.
	(a) Description of security or category (including name of security)		(b) Book va	lue		Method of valuation and-of-year market v	
(1) Financial	derivatives						
(2) Closely-h	eld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(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 For	m 990, Part	IV, line 11c	. See Form 9	990, Part X,	line 13.
	(a) Description of investment		(b) Book va			Method of valuation	
	(a) Besonption of investment		(b) Book va	luc		nd-of-year market	
(1)							
(2)							
(3)							
(4)							
(5)							
<u>(6)</u>							
(7)							
(8)							
(9)	n (b) must equal Form 990, Part X, col. (B) line 13	21					
Part IX	Other Assets.	5./					
1 411 121	Complete if the organization answered	d "Yes" on For	m 990. Part	IV. line 11c	l. See Form 9	990. Part X.	line 15.
		escription		,			ook value
(1)OTHER						• • • • • • • • • • • • • • • • • • • •	1,178
(2)							
(3)							
(4)							
(5)							
(6)							
<u>(7)</u>							
(8)							
(9)	on (b) must squal Form 000 Port V sol (B) line 15	- 1					1 10
Part X	n (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities.). <i>)</i>	· · · · · · ·				1,178
I alt X	Complete if the organization answered	d "Yes" on For	m 990 Part	IV line 11e	or 11f See	Form 990 !	Part X
	line 25.	4 100 011101	iii ooo, i ait	10, 1110	01 111.000	. 0 000, .	i ait 7t,
1.	(a) Description of liability	(b) Book	/alue				
	income taxes	(1)					
(2)							
(3)							
(4)			·				
(5)							
(6)							
(7)							
(8)							
(9)							

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.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Retui	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1 154 505
1	Total revenue, gains, and other support per audited financial statements	1	1,154,707
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,154,707
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,151,707
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,154,707
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-	
1	Total expenses and losses per audited financial statements	1	1,075,070
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,075,070
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIII.)		
		7	
С	Add lines 4a and 4b	4c	
с 5	Add lines 4a and 4b	4c 5	1,075,070
c 5 Pai	Add lines 4a and 4b	5	
5 Pa Provi	Add lines 4a and 4b	5	
5 Pa Provi	Add lines 4a and 4b	5	
5 Pa Provi	Add lines 4a and 4b	5	
5 Pa Provi	Add lines 4a and 4b	5	
5 Pa Provi	Add lines 4a and 4b	5	
5 Pa Provi	Add lines 4a and 4b	5	
5 Pa Provi	Add lines 4a and 4b	5	
5 Pa Provi	Add lines 4a and 4b	5	
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5 Pa Provi	Add lines 4a and 4b	5	
5 Pa Provi	Add lines 4a and 4b	5	
5 Pa Provi	Add lines 4a and 4b	5	
5 Pa Provi	Add lines 4a and 4b	5	
5 Pa Provi	Add lines 4a and 4b	5	

EEA Schedule D (Form 990) 2020

SCHEDULE L

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service Name of the organization

► 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							Employ	er ident	ificatio	n numbe	er		
ASSOCIATION FOR COM							84-0						
	fit Transaction							-					
Complete if th	e organization a	answered "Yes"	on Fo	rm 990,	Part IV, li	ne 25a	or 25b, or Form	990-E	EZ, Pa	art V,	line 4	0b.	
1 (a) Name of disqualified pe	erson	(b) Relationship bet			on and		(c) Description of	of transa	ction			(d) Corr	ected?
		0	rganizatio	n			(5) = 5551 p 1511					Yes	No
(1)													
(2)													
(3)													
2 Enter the amount of tax i		_				-	-						
under section 4958						• • • • •			▶ \$				
3 Enter the amount of tax,	if any, on line 2, at	pove, reimbursed	by the c	organizatio	on				▶ \$				
Part II Loans to and	Vor From Intere	oted Dereens											
	l/or From Intere e organization a			rm 00∩_F	7 Part \	/ line 39	Sa or Form 900	Dart	I\/ lin	o 26.	or if t	ho	
	eported an amo						ba of Form 990,	ı aıı	ı v , III	C 20,	OI II I	116	
_												l	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of		oan to or om the	(e) Ori	-	(f) Balance due	(g) In c	lefault?	(h) Ap	proved	(i) Wr agreer	
	with organization	loan		nization?	principal a	amount				comm		agreer	nent:
			T-					Yes	No	Yes	No	Yes	No
CYNDA COLLINS	BOARD	FINANCIAL	То	From				163	NO	163	140	163	140
(1) ARSENAULT	MEMBER	NEED			201	0 000	200,000		x	x		x	
(I) ARSENAULI	MEMBER	NEED	X		20	0,000	200,000						
(2)													
(=)													
(3)													
(4)													
(4)													
(5)													
-						. ▶ \$	200,000						
Part III Grants or As	ssistance Bene	fiting Intereste	ed Per	sons.				•					
Complete if the	he organization	answered "Yes	on Fo	orm 990,	Part IV,	line 27.							
(a) Name of interested person	(b) Relation	ship between intereste	d (c) Amount of	assistance	(d)	Type of assistance		(e) Purpos	se of ass	istance	
(a) Hame of moreous person		and the organization	. '	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	acciolarico	(=)	Type of addictarios		,,	, . u.poc	JO 01 400		
(1)													
				·									
(2)													
(3)													
(4)													

(5)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zatio
				Yes	N
Supplemental Information. Provide additional informatio		on Cohodulo I. (ooo	inatrustiana)		
T TOVICE ACCITIONAL INIONIALIO	ir for responses to questions	on Schedule L (See	mstractions).		
					_

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ASSOCIATION FOR COMMUNITY LIVING	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	S 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 E	BE A VOTING
DELEGATE WHEN SELECTED OR APPOINTED TO ATTEND ASSOCIATION CONFERENCES AND M	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 UPI	DATES AND
DISCOUNTS TO SPECIAL EVENTS, AND TO HAVE THE SATISFACTION IN KNOWING THAT I	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 MEE	ETING.
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	EW 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 $^{\it F}$	A CONTRACT MADE
WITH A TRUSTEE IN A CONFLICT OF INTERESTS CONSTRAINT.	

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

EXECUTIVE DIRECTOR SALARY IS ESTABLISHED BY REVIEWING NATIONAL DATA ON NONPROFIT

Schedule O (Form 990 or 990-EZ) (2020) 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 LIKE AGENCIES FOR THAT PARTICULAR YEAR. 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.