990

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	2019 calendar y	ear, or tax year begin	ning		, 2019, a	nd ending		, 20
В	Check if a	applicable:	C Name of organizationAS	SOCIATION FO	R COMMUNITY LI	VING		D Empl	oyer identification number
X	Address of	change	Doing business as IN	BOULDER COU	NTY				84-0637899
	Name cha	ange	Number and street (or P.	O. box if mail is not delive	red to street address)		Room/suite	E Telep	hone number
	Initial retu	ırn	524 COFFMAN ST						(303)527-0888
	Final retu	rn/terminated	City or town, state or prov	vince, country, and ZIP or	foreign postal code			G Gros	s receipts
	Amended	return	LONGMONT, CO 80	0501				\$	1,233,102
П	Applicatio	n pending	F Name and address of pri		SANCHEZ		H(a) Is this	a group return	for subordinates? Yes X No
_			SAME AS C ABOVI	· 3			H(b) Are a	III subordinat	es included? Yes No
ı .	Tax-exem	npt status: X 501) ◀ (insert no.)	4947(a)(1) or 5	527			st. (see instructions)
	Website:		ULDER.ORG	, , _					n number 🕨
		rganization: X Cor		ociation Other ►	ı	Year of formation		State of leg	
	art I	Summary							,
	1		the organization's miss	ion or most significa	nt activities: TO F	ROMOTE A	ND PROTECT	THE RI	GHTS OF PEOPLE
		•	-	•					AND INTEGRAL PART
၁င		OF COMMUNI							
'n			<u></u>						
Š	2	Check this box	if the organization	discontinued its op	erations or disposed of	of more than 2	25% of its net ass	ets.	
ő	3		g members of the gove		•			1	14
≪ ഗ	4		pendent voting member	J , (,			-	14
Activities & Governance	5		individuals employed in						17
Ě	6		volunteers (estimate if						30
ĕ			ousiness revenue from	• ,				. —	0
			usiness taxable income						0
		Net unrelated by	dalliess taxable income	1101111 01111 990-1,1			Prior Yea		Current Year
ø	8	Contributions on	d grants (Part VIII, line	1b)				30,422	
			= :						928,533
nu.	10	-	e revenue (Part VIII, line	= :				54,452	112,986
Revenue	10		me (Part VIII, column (A					11,746	190,038
Œ	1		Part VIII, column (A), lin					2,030	1,545
	12		add lines 8 through 11 (78,650	1,233,102
	13		ar amounts paid (Part I						0
	14		or for members (Part I)	74,161	0				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							889,998
Expenses	16a		= '						0
×	. b	-	expenses (Part IX, col			96,759			
ш	1		(Part IX, column (A), lir					7,171	212,585
			Add lines 13-17 (must					31,332	1,102,583
		Revenue less ex	penses. Subtract line	18 from line 12				7,318	130,519
sor	l ces						Beginning of Cu		End of Year
Sset	<u> </u>	Total assets (Pa			• • • • • • • • • • •			0,687	2,406,761
Net Assets or	21	Total liabilities (F	,					52,331	87,886
			nd balances. Subtract	line 21 from line 20			. 2,18	88,356	2,318,875
	art II	Signature					-f l d- d d l		
			that I have examined this retu tion of preparer (other than off				of my knowledge and i	Dellet, It IS	
Sig	ın.	MARIO S						D-	4-
		Signature of						Da	ite
He	re		SANCHEZ, TREASU	RER					
			name and title	I		I			DTW
_		Print/Type prepare		Preparer's signature		Date	Chec	k if	PTIN
Pa			oysti, CPA			04-24-20	20 self-e	employed	P00070003
	eparer			Associates	LLC		Firm's EIN	<u> </u>	
Us	e Only	Firm's address ►	PO Box 3	71467			Phone no.		
			Denver C					303-	285-2500
May	the IRS	S discuss this retu	ım with the preparer sh	own above? (see ir	structions)				X Yes No

) (Revenue \$

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

857,996

EEA

Part IV

Checklist of Required Schedules

84-0637899

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 x 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 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," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f $\mathbf{x}_{_}$ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 13 х Х 14a 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 Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 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 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

84-0637899

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
a	to defease any tax-exempt bonds?	24c 24d		
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	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	2 5a		
	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 L	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		Λ
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		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? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	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,			
25-	or IV, and Part V, line 1	34		Х
35a		35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	2Eh		
26	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		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		Х
31	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	51		Λ.
-	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par		55	Λ	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
_	The state of the s		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С				
	reportable gaming (gambling) winnings to prize winners?	1c	х	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,_		
	excess parachute payment(s) during the year?	15		Х
40	If "Yes," see instructions and file Form 4720, Schedule N.	4.5		
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.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
1 0 a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Colorado			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
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

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

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

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

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

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

		(C)								
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated amount
ivalite and the	hours					s both ar /trustee)		compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	악교	ŋ	Q	<u>~</u>	en H	Fc	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for	dire	stitut	Officer	y en	ghes ploy	Former	(W-2/1099-WISC)	(11 2 1000 111100)	related organizations
	related organizations	Individual trustee or director	Institutional trustee		Key employee	/ee	_			
	below	ruste	l trus		/ee	mpe				
	dotted line)	ě	itee			Highest compensated employee				
						8				
(1) CYNDA COLLINS ARSENAULT										
PRESIDENT		x		х				0	0	0
(2) MARY HAGLER										
PRESIDENT		x		х				0	0	0
(3) MARK DOHERTY										
VICE PRESIDENT		х		х				0	0	0
(4) ELLEN_BURNES										
MEMBER		х						0	0	0
(5) MARIO SANCHEZ										
TREASURER		x		х				0	0	0
(6) MERRELL GLUSTROM										
MEMBER		х						0	0	0
(7) KAREN ZEID										
MEMBER		х						0	0	0
(8) MARC_COWELL										
MEMBER		х						0	0	0_
(9) ANGIE ROMAN STAIGER										
MEMBER		х						0	0	0
(10)JANE_RUSSEL_MILLER										
SECRETARY		х		X				0	0	0
(11)LUCY_LITTLEFIELD										
MEMBER		х						0	0	0
(12)JULI_MACENZIE										
MEMBER		х						0	0	0
(13)ROBERT ENDERSON										
MEMBER		х						0	0	0
(14)LINDSEY ANDERSON										
MEMBER		Х						0	0	00
EEA										Form 990 (2019)

EEA Form **990** (2019)

84-0637899

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					((C)							
	(A)	(B)	(-1			sition			(D)	(E)		(F)	
	Name and title	Average	,				han one s both a			Reportable	Estimated am		ount
		hours					/trustee)		compensation	compensation		of other	
		per week (list any							from the organization	from related organizations	1	mpensation	on
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	_	nization a	
		related	idual ecto	ution	eŗ	empl	est c oyee	् व			relate	d organiza	ations
		organizations below	r trus	al tru		oyee	omp						
		dotted line)	lee	istee			ensa						
		,					ted						
(15)													
(12)													
(16)													
7. 2/													
(17)													
Σ _/													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(O.E.)													
(25)													
1b	Subtotal												
C	Total from continuation sheets to Part VII, Sect							-					
d	Total (add lines 1b and 1c)								0	0			0
2	Total number of individuals (including but not limit												
-	reportable compensation from the organization		iolou u	DOVE	, w.	10 10	300140	u 1110	οιο τιαι φ 100,000	O1			0
	Topontasio compensation in the organization											Yes	No
3	Did the organization list any former officer, direct	tor, trustee,	kev en	yolqr	/ee.	or h	ighest	t con	npensated				
	employee on line 1a? If "Yes," complete Schedu.		-				-				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	edu	le J for such				
	individual										4		х
5	Did any person listed on line 1a receive or accrue	compensation	n from	any	unr	elate	ed org	aniz	ation or individual				
	for services rendered to the organization? If "Yes	s," complete	Sched	lule .	J for	suc	h pers	son			5		х
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensa	ted independ	dent co	ntrac	ctors	s tha	t recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ear e	nding	with	or within the organ	nization's tax year.			
	(A)								(B)		(C)		
	Name and business addres	SS							Description of service	es	Compens	sation	
-													
	Total number of independent contractors (in the Pa	a but not li	itad +-	the-	0 II:-	to al	obo	\ ,l.					
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-				ieu a	above	, wn	U				
	received more than prod,000 or compensation ito	ını un e uryafıl	∠au∪ii	•									

Part VIII

Statement of Revenue

		Check if Schedule O contains a response or no	te to any line in thi	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					
	b	Membership dues					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events 1c					
Gra	_						
fts, An	d						
ᇐᇐ	е	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
utic er (and similar amounts not included above 1f	928,533				
흕吉	g	Noncash contributions included in					
S E		lines 1a-1f 1g	\$				
	h	Total. Add lines 1a-1f		928,533			
			Business Code				
•	2a	PROGRAM SERVICE FEES	624100	112,986			112,986
Program Service Revenue	b						
Ser.	С						
E S	d						
gra Re	e						
ē.	_	All other program service revenue					
_		Total. Add lines 2a-2f		112 006			
	y			112,986			
	3	Investment income (including dividends, interest, and the series is the series in the	nd				
		other similar amounts)		190,038			190,038
	4	Income from investment of tax-exempt bond proce					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	72	Gross amount from (i) Securities	(ii) Other				
	1 a	sales of assets					
	١.	other than inventory					
<u>e</u>	d	Less: cost or other basis and sales expenses					
Revenue	_	Gain or (loss) 7c					
ě		Net gain or (loss)					
er R							
ğ	oa	Gross income from fundraising					
U		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
		Less: direct expenses					
	1	` /					
	9a	Gross income from gaming					
		activities, See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	102	Gross sales of inventory, less					
	·Ja	returns and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
Ø	112	OTUED INCOME	900099	1 5/5			1 5/5
Miscellanous Revenue		OTHER INCOME	300033	1,545			1,545
llar en	b						
sce 3ev	C	All others are seen					
Ξ̈́		All other revenue		_			
		Total. Add lines 11a-11d		1,545			
	12	Total revenue. See instructions		1,233,102	0	0	304,569

84-0637899

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 747,471 583,775 94,929 68,767 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 25,107 19,608 3,189 2,310 9 68,902 53,813 8,751 6,338 10 48,518 37,893 6,162 4,463 11 Fees for services (nonemployees): b Legal..... d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 31,200 15,832 14,901 467 12 13 24,163 18,873 3,067 2,223 14 13,922 10,873 1,768 1,281 15 16 86,928 67,893 11,040 7,995 17 2,074 16,334 12,757 1,503 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 4,167 3,254 529 384 23 Insurance 11,166 8,720 1,418 1,028 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) COMMUNITY EDUCATION/DEVELOPT 11,094 11,094 b DIRECT AID 7,063 7,063 OTHER PROGRAM EXPENSES 6,548 6,548 С d e All other expenses Total functional expenses. Add lines 1 through 24e. . 25 1,102,583 857,996 147,828 96,759 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 following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in t	his Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		400,316	2	534,696
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	F	58,906	4	
	5	Loans and other receivables from any current or former officer, d	director,	-		
		trustee, key employee, creator or founder, substantial contributor	r, or 35%			
					5	
	6	Loans and other receivables from other disqualified persons (as	defined			
		under section 4958(f)(1)), and persons described in section 4958			6	
	7	Notes and loans receivable, net	` ' ' ' '		7	
Assets	8	Inventories for sale or use	F		8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	769,319			
	b	· · · · · · · · · · · · · · · · · · ·	18,486		10c	750,833
	11	Investments - publicly traded securities		1,786,112	11	1,121,232
	12	Investments - other securities. See Part IV, line 11		277007222	12	1,111,101
	13	Investments - program-related. See Part IV, line 11	<u> </u>		13	
	14	Intangible assets	F		14	
	15	Other assets. See Part IV, line 11	-	5,353	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	<u> </u>	2,250,687	16	2,406,761
	17	Accounts payable and accrued expenses		62,331	17	87,886
	18	Grants payable	F	02,551	18	07,000
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Sched	F		21	
'n	22	Loans and other payables to any current or former officer, direct			<u> </u>	
Liabilities		trustee, key employee, creator or founder, substantial contributor				
abil					22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	-		23	
	24	Unsecured notes and loans payable to unrelated third parties	F		24	
	25	Other liabilities (including federal income tax, payables to related	F			
	0	parties, and other liabilities not included on lines 17-24). Comple				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		62,331	26	87,886
		Organizations that follow FASB ASC 958, check here		02/331		077000
		and complete lines 27, 28, 32, and 33.	<u> </u>			
ces	27	Net assets without donor restrictions		2,188,356	27	2,318,875
ılan	28	Net assets with donor restrictions	- F	2,100,550	28	2,310,073
l Ba		Organizations that do not follow FASB ASC 958, check here				
nuc		and complete lines 29 through 33.				
УF	29				29	
ts c	30				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other fu	<u> </u>		31	
¥ A	32	Total net assets or fund balances	F	2,188,356	32	2,318,875
ž	33	Total liabilities and net assets/fund balances	F		33	
	JJ	ו טומו וומטיוונופט מווע וופג מטטפגט/ועווע טמומוועפט		2,250,687	JJ	2,406,761

EEA

Form **990** (2019)

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		1,23	3,102
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,102	2,583
3	Revenue less expenses. Subtract line 2 from line 1	3		130	0,519
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,188	3,356
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		2,318	8,875
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				🗆
				Yes	s No
1	Accounting method used to prepare the Form 990: Cash Accrual 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?		2	а	х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X 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?		2	c x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3	а	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>	3	b	
EEA			Fo	rm 990	(2019)

SCHEDULE A

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Employer identification number

Inspection

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 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) 2019 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 Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (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) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (e) 2019 (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 2019 (line 6, column (f) divided by line 11, column (f)) 14 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization............................. b 33 1/3% support test - 2018. 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 - 2019. 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

EEA Schedule A (Form 990 or 990-EZ) 2019

instructions

b 10%-facts-and-circumstances test - 2018. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

84-0637899

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

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

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	699,726	770,079	787,782	880,422	928,533	4,066,542
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.	125,773	158,468	407,879	356,482	114,531	1,163,133
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5	825,499	928,547	1,195,661	1,236,904	1,043,064	5,229,675
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	639,819	697,496	717,054			2,054,369
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	639,819	697,496	717,054			2,054,369
8	Public support. (Subtract line 7c from						
_	line 6.)						3,175,306
	ction B. Total Support	() 0045	(1) 0040	() 0047	(1) 0040	() 0040	
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	825,499	928,547	1,195,661	1,236,904	1,043,064	5,229,675
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					40 -0-	
L	royalties, and income from similar sources	20,824	44,213	76,593	41,746	40,797	224,173
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	20, 824	44 212	76 503	41,746	40.707	224 172
	Net income from unrelated business	20,824	44,213	76,593	41,/40	40,797	224,173
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)	846,323	972,760	1,272,254	1,278,650	1.083.861	5,453,848
14	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor	rt Percentage)				
	Public support percentage for 2019 (line 8, c			column (f)) .		15	58.22 %
	Public support percentage from 2018 Sched					16	45.01 %
	ction D. Computation of Investment Inc						
17	Investment income percentage for 2019 (line	e 10c, column (1), divided by li	ne 13, column	(f))	17	4.00 %
	Investment income percentage from 2018 Sc					18	5.00 %
19a	33 1/3% support tests - 2019. 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 - 2018. If the organiz	ation did not ch	neck a box on	line 14 or line	19a, and line 1	6 is more than	33 1/3%, and
	line 18 is not more than 33 1/3%, check this	box and stop h	ere. The orga	nization qualifi	es as a publicl	y supported org	anization ► 🗌
20	Private foundation. If the organization did n	ot check a box	on line 14, 19	a, or 19b, chec	k this box and	see instruction	s ▶ 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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		
Ju		
3b		
3с		
4a		
4b		
4c		
40		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
100		

Schedule A (Form 990 or 990-EZ) 2019 ASSOCIATION FOR COMMUNITY LIVING

Part IV Supporting Organizations (continued)

Га	Supporting Organizations (continued)		V	NI.
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	tion of Typo it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			-110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions)).
а			,	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	tions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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. <i>Answer (a) and (b) below.</i>	~		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2019 ASSOCIATION FOR COMMUNITY LIVING		84-0637	899	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janiz	ations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	rust (on Nov. 20, 1970 (explair	າ in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	ation	s must complete Section	s A throug	h E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	` '	rrent Year tional)
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				
CC	ollection of gross income or for management, conservation, or				
m	aintenance 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			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	` '	rrent Year tional)
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions 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				
fa	actors (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 1-1/2% of line 3 (for greater amount,				
se	ee instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Curre	ent Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			

emergency temporary reduction (see instructions). instructions).

3

4

5

6

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

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

Enter greater of line 2 or line 3.

Income tax imposed in prior year

EEA

Schedule A (Form 990 or 990-EZ)	2019 ASSOCIATION	FOR COM	MMUNITY	LIVING	84-063	7899	Page 7
Part V Type III	Non-Functionally Into	egrated 5	509(a)(3)	Supporting Organizations	(continued)		
Section D - Distribut	_					Current Ye	ear

Sec	Current Year				
1	Amounts paid to supported organizations to accomplish exer	npt purposes			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions		
4	Amounts paid to acquire exempt-use assets				
5					
6					
7					
8	sive				
9					
10					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
4	Distributable amount for 2010 from Costian C. line 6				

10	Line 8 amount divided by line 9 amount	1		
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			
			0-1	1 1 /5 000 000 57) 0010

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,

Internal Revenue Service

Name of the organization

or 990-PF)
Department of the Treasury

Organization type (check one):

ASSOCIATION FOR COMMUNITY LIVING

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

84-0637899

2019

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, 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 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 n	eeaea.
(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	\$824,224	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DENVER FOUNDATION 55 MADISON ST STE 800 DENVER, CO 80206	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Person
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ASS	OCIATION FOR COMMUNITY LIVING		84-0637899
Pa	rt I Organizations Maintaining Donor Advised Fund	s or Other Similar Funds or Accou	unts.
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line 6.	
		(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 writin	g that the assets held in donor advised	
	funds are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor adviso	_	
	only for charitable purposes and not for the benefit of the donor or		
	conferring impermissible private benefit?	• • •	
Pa	rt II Conservation Easements.		
. •	Complete if the organization answered "Yes" on F	orm 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization (c		
•	Preservation of land for public use (e.g., recreation or educati		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space	Treservation or	a certifica filsione su detaic
2	Complete lines 2a through 2d if the organization held a qualified co	peopletion contribution in the form of a co	psonyation
_	easement on the last day of the tax year.	riservation contribution in the form of a con	
_			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		. 2c
d	Number of conservation easements included in (c) acquired after		
_	G		
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the orga	anization during the
	tax year •		
4	Number of states where property subject to conservation easeme		
5	Does the organization have a written policy regarding the periodic		
_	violations, and enforcement of the conservation easements it hold		- -
6	Staff and volunteer hours devoted to monitoring, inspecting, handli	ng of violations, and enforcing conservation	on easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and enforcing conservation ea	asements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above sa		
9	In Part XIII, describe how the organization reports conservation ea	•	
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statements that	at describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on F		
1a	If the organization elected, as permitted under FASB ASC 958, no		
	of art, historical treasures, or other similar assets held for public ex		ance of public
	service, provide, in Part XIII the text of the footnote to its financial		
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public exhi	bition, education, or research in furtherand	ce 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 treasure	es, or other similar assets for financial gair	n, provide the
	following amounts required to be reported under FASB ASC 958	relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Pa	t III Organizations Maintaining Coll	lections of Art, Hi	storical Treasu	res, or Ot	her Similar <i>F</i>	Assets (co	ontin	ued)
3	Using the organization's acquisition, accession, and	other records, check ar	ny of the following tha	at make sign	ificant use of its			
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exchai	nge progran	ns			
b	Scholarly research	е	Other					
С	Preservation for future generations							-
4	Provide a description of the organization's collection	ns and explain how they	further the organizat	ion's exemp	t purpose in Part			
	XIII.	,	.		.,.,			
5	During the year, did the organization solicit or receiv	e donations of art. histo	rical treasures, or oth	ner similar				
-	assets to be sold to raise funds rather than to be m					Ye	s 🗆	No
Pa	rt IV Escrow and Custodial Arranger		g					
	Complete if the organization answ		m 990. Part IV. li	ne 9. or r	eported an an	nount on F	-orm	
	990, Part X, line 21.		555,,	0, 0	op 0.10 a a a		•	
1a	Is the organization an agent, trustee, custodian or of	ther intermediary for con	tributions or other as	sets not				
						☐ Yes	. 🗆	No
b	If "Yes," explain the arrangement in Part XIII and co						, ப	110
	ii ree, explain the arrangement iii r are xiii and ee	implete the following tab	no.		Δ	mount		
	Beginning balance			10		inount		
c d	Additions during the year							
	Distributions during the year							
e	Ending balance							
f 20	Did the organization include an amount on Form 99						s \square	No
2a	_			•			_	No
b Date	If "Yes," explain the arrangement in Part XIII. Checkert V Endowment Funds.	r nere ii the explanation	nas been provided o	n Part Alli			<u>. Ц</u>	
Га	Complete if the organization answ	ored "Vec" on Fer	m 000 Part I\/ li	no 10				
					(0.7)			
10		Current year (b) F	Prior year (c) Two	years back	(d) Three years bac	k (e) Four	years b	раск
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	, -	column (a)) held as:					
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ %							
С	Term endowment ► %							
	The percentages on lines 2a, 2b, and 2c should equ	al 100%.						
3a	Are there endowment funds not in the possession of	of the organization that a	are held and administe	ered for the				1
	organization by:						Yes	No
	(i) Unrelated organizations					3a(i)		
	(ii) Related organizations					3a(ii)	<u></u>	
b	If "Yes" on line 3a(ii), are the related organizations	·				3b		
4	Describe in Part XIII the intended uses of the organ		nds.					
Pa	t VI Land, Buildings, and Equipmen							
	Complete if the organization answ	ered "Yes" on For	m 990, Part IV, li	ne 11a. S	See Form 990,	Part X, li	ne 10	0.
	Description of property	(a) Cost or other basis	(b) Cost or other basi	s (c)	Accumulated	(d) Boo	k value	
		(investment)	(other)	С	lepreciation			
1a	Land		355,00	0			355,	000
b	Buildings		400,00	0	4,167		395,	833
С	Leasehold improvements							
d	Equipment		14,31	.9	14,319			
е	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, colu	mn (B), line 10c.) .			•	750,	833

Schedule D (Form	990) 2019 ASSOCIATION FO	OR COMMUNITY LI	VING	84-	0637899	Page 3
Part VII	Investments - Other Securities.					
	Complete if the organization answer	ered "Yes" on Forn	n 990, Part IV, line	e 11b. See Form	990, Part X	, line 12.
	(a) Description of security or category		(b) Book value	(0	c) Method of valuation	n:
	(including name of security)			Cost o	r end-of-year market	value
(1) Financial of						
	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E) (F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col. (B) lin	e 12) >				
Part VIII	Investments - Program Related.	0 12./				
1 0.10 11.11	Complete if the organization answer	ered "Yes" on Forn	n 990. Part IV. line	e 11c. See Form	990. Part X.	line 13.
	<u> </u>					
	(a) Description of investment		(b) Book value	,	 Method of valuation r end-of-year market 	
(1)					-	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) lin	e 13.) ▶				
Part IX	Other Assets.					
	Complete if the organization answer	ered "Yes" on Forn	n 990, Part IV, line	e 11d. See Form	990, Part X	, line 15.
	(a) Description			(b) Bo	ook value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
<u>(7)</u>						
(8)						
(9)	n /h) must oqual Form 000 Part V col /P) lin	0.15)				
(9) Total. (Column	n (b) must equal Form 990, Part X, col. (B) lin	e 15.)				
(9)	Other Liabilities.			►	e Form 990	Part Y
(9) Total. (Column				▶ e 11e or 11f. Sed	e Form 990,	Part X,
(9) Total. (Column Part X	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability		n 990, Part IV, line	▶ e 11e or 11f. Se	e Form 990,	Part X,
(9) Total. (Column Part X 1. (1) Federal in	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Forn	n 990, Part IV, line	▶ e 11e or 11f. Sed	e Form 990,	Part X,
(9) Total. (Column Part X 1. (1) Federal ii (2)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Forn	n 990, Part IV, line		e Form 990,	Part X,
(9) Total. (Column Part X 1. (1) Federal ii (2) (3)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Forn	n 990, Part IV, line		e Form 990,	Part X,
(9) Total. (Column Part X 1. (1) Federal in (2) (3) (4)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Forn	n 990, Part IV, line	• 11e or 11f. Se	e Form 990,	Part X,
(9) Total. (Column Part X 1. (1) Federal ii (2) (3) (4) (5)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Forn	n 990, Part IV, line		e Form 990,	Part X,
(9) Total. (Column Part X 1. (1) Federal ii (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Forn	n 990, Part IV, line		e Form 990,	Part X,
(9) Total. (Column Part X 1. (1) Federal ii (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Forn	n 990, Part IV, line		e Form 990,	Part X,
(9) Total. (Column Part X 1. (1) Federal ii (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Forn	n 990, Part IV, line		e Form 990,	Part X,
(9) Total. (Column Part X 1. (1) Federal ii (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	(b) Book va	n 990, Part IV, line	• 11e or 11f. Se	e Form 990,	Part X,

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,233,102
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b			
С	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,233,102
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	' ' '		
b			
_ C	Add lines 4a and 4b	4c	
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Do	1,233,102
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per Ke	turn.
4	• •	4	1 100 503
1	Total expenses and losses per audited financial statements	1	1,102,583
2	Donated services and use of facilities		
a			
b	Other losses		
d			
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,102,583
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,102,303
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b			
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,102,583
Pa	rt XIII Supplemental Information.	'	
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art X, IIn	е

EEA Schedule D (Form 990) 2019

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 84-0637899 ASSOCIATION FOR COMMUNITY LIVING

01. Members or stockholder classes and rights (Part VI, line 6)
THERE IS ONE CLASS OF MEMBERS. MEMBERS HAVE THE RIGHT TO VOTE ON AMEMDMENTS TO THE
BY-LAWS, ATTEND ANNUAL MEETINGS, REQUEST REVIEW OF ACTIONS OF THE BOARD OF DIRECTORS, TO
NOTIFY OF A DESIRE TO BE NOMINATED TO SERVE ON THE BOARD OF DIRECTORS, TO BE A VOTING
DELEGATE WHEN SELECTED OR APPOINTED TO ATTEND ASSOCIATION CONFERENCES AND MEETINGS, TO
RECEIVE PERIODIC PUBLICATIONS, TO REQUEST COPIED OF MINUTES OF MEETINGS, TO ASSIST IN
PROVIDING RELIABLE AND CONSISTENT INFORMATION TO THE PUBLIC, TO RECEIVE UPDATES AND
DISCOUNTS TO SPECIAL EVENTS, AND TO HAVE THE SATISFACTION IN KNOWING THAT THEY HAVE A PART
OF AN ORGANIZATION THAT IS MAKING A DIFFERENCE.
02. Member election for additional members (Part VI, line 7a) MEMBERS ELECT BOARD OF DIRECTORS BY A MAJORITY AT THE ANNUAL MEMBERSHIP MEETING.
03. Governing body decisions (Part VI, line 7b) MEMBERS MAY VOTE ON ANY BY-LAW AMENDMENTS.
04. Form 990 governing body review (Part VI, line 11)
REVIEWED BY THE FINANCE COMMITTEE AND THEN PRESENTED TO THE BOARD FOR REVIEW AND APPROVAL
BEFORE BEING FILED.
05. Conflict of interest policy compliance (Part VI, line 12c)
BOARD RAISES THE CONFLICTS POLICY WHENEVER A VOTE IS ABOUT TO BE TAKEN OR A CONTRACT MADE
WITH A TRUSTEE IN A CONFLICT OF INTERESTS CONSTRAINT.
06. CEO, executive director, top management comp (Part VI, line 15a)

Schedule O (Form 990 or 990-EZ) (2019) 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.