Form 8879-TE		IRS E-file Signature Authoriza for a Tax Exempt Entity	ation	OMB No. 1545-0047
Form 00/9-1C		• -		~~~ ~
	For calendar year 202	3, or fiscal year beginning, 2023, and ending Do not send to the IRS. Keep for your record		2023
Department of the Treasury		Go to www.irs.gov/Form8879TE for the latest infor		
Internal Revenue Service Name of filer		Go to www.irs.gov/Formos/91E for the fatest mor	EIN or SS	N
		AUNITY LIVING, INC		612035
	S FOR COM	YOLANDA ROBANO-GROSS		0120000
Name and the of oncer of pe	I SUIT SUDJECT TO TAX	CHIEF EXECUTIVE OFFICER		
Part Type of	Return and Re	turn Information		
Form 5330 filers may enter or 10a below, and the amore whichever is applicable, bl	r dollars and cents ount on that line fo	e using this Form 8879-TE and enter the applicable am For all other forms, enter whole dollars only. If you che the return being filed with this form was blank, then le D-). But, if you entered -0- on the return, then enter -0- o	eck the box on line 1a, 2a eave line 1b, 2b, 3b, 4b, 5l	, 3a, 4a, 5a, 6a, 7a, 8a, 9a 5, 6b, 7b, 8b, 9b, or 10b,
than one line in Part I.	v.	h Tatal museus if any (Form 000, Dart \/III, colum	(Λ) line (10)	1 ₁ 24 530 656.
1a Form 990 check h		 b Total revenue, if any (Form 990, Part VIII, colum b Total revenue, if any (Form 990-EZ, line 9) 	in (~), in e i∠)	2h
2a Form 990-EZ che				
3a Form 1120-POL		 b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-P 		
4a Form 990-PF che				
5a Form 8868 check		b Balance due (Form 8868, line 3c)		
6a Form 990-T chec	·····	b Total tax (Form 990-T, Part III, line 4)		
7a Form 4720 check		b Total tax (Form 4720, Part III, line 1)		
8a Form 5227 check		b FMV of assets at end of tax year (Form 5227, I		
9a Form 5330 check	······	b Tax due (Form 5330, Part II, line 19)		
10a Form 8038-CP ct	heck here	b Amount of credit payment requested (Form 80 ture Authorization of Officer or Person Su	038-CP, Part III, line 22)	10b
		I am an officer of the above entity or I am a per		,
acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receiv	ipt or reason for re a, I authorize the U ution account indivi- it the entry to this prior to the paym- ve confidential info- nber (PIN) as my s	electronic return originator (ERO) to send the return to lection of the transmission, (b) the reason for any dela S. Treasury and its designated Financial Agent to initia sated in the tax preparation software for payment of the account. To revoke a payment, I must contact the U.S. ent (settlement) date. I also authorize the financial instit rmation necessary to answer inquiries and resolve issu gnature for the electronic return and, if applicable, the	y in processing the return of the an electronic funds with e federal taxes owed on thi . Treasury Financial Agent a tutions involved in the proc les related to the payment.	or refund, and (c) the date Idrawal (direct debit) is return, and the at 1-888-353-4537 no ressing of the electronic I have selected a
		ADVISORY GROUP, LP	to enter my	PIN 11747
		ERO firm name		Enter five numbers, but do not enter all zeros
with a state age on the return's As an officer or return. If I have IRS Fed/State p	ency(ies) regulating disclosure consent person subject to indicated within th program, Will ente	23 electronically filed return. If I have indicated within a charities as part of the IRS Fed/State program, I also a screen. tax with respect to the entity, I will enter my PIN as my is return that a copy of the return is being filed with a s my PIN of the return's disclosure consent screen.	authorize the aforemention signature on the tax year 2 state agency(ies) regulating	te return is being filed ed ERO to enter my PIN 2023 electronically filed charities as part of the
Signature of officer or person subjection Part III Certification	ation and Auth	entication	Da	
and here the state of the state				L
ERO's EFIN/PIN. Enter y number (EFIN) followed b		-selected PIN. 117	770214104 not enter all zeros	
I certify that the above nu submitting this return in a Business Returns.	meric entry is my f accordance with the	PIN, which is my signature on the 2023 electronically fil e requirements of Pub. 4163, Modernized e-File (MeF)	led return indicated above. Information for Authorized	I confirm that I am IRS <i>e-file</i> Providers for
ERO's signature ELI	LEN M. LAB	ITA, CPA	Date 09/04/24	•
-				
		ERO Must Retain This Form - See Instru		
	Do Not S	Submit This Form to the IRS Unless Reque	ested To Do So	
For Privacy Act and Pap	erwork Reduction	Act Notice, see instructions.		Form 8879-TE (2023)

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 03-27-34 Return of Organization Exempt From Income Tax

Form **99(**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection		
A For the 2023 calendar year, or tax year beginning and ending						
	Check if applicabl		yer identificat	ion number		
	Addre		ONS FOR COMMUNITY LIVING, INC			
	Name Chang			-2612035	5	
	Initial			one number		
	Final return	25 H		31)361-9	020	
	termin ated	City or to	own, state or province, country, and ZIP or foreign postal code G Gross rec	eipts \$	27,006,705.	
	Amen	RONK		s a group retur	rn	
	Applic tion	F Name ar		ubordinates?	Yes X No	
	pendir	SAME .		subordinates incluc	ded? Yes No	
		empt status:		o," attach a list	t. See instructions	
	Nebsi			p exemption n		
		f organization:	X Corporation Trust Association Other L Year of formation:	1982 M S	tate of legal domicile: NY	
Pá	art I	Summary				
e			e the organization's mission or most significant activities: <u>HELP VULNERABLE</u>	LONG IS	LANDERS	
anc			THEIR GOALS FOR INDEPENDENT LIVING.	<u></u>		
ern		Check this box			s. 11	
So So			ing members of the governing body (Part VI, line 1a)		11	
જ			ependent voting members of the governing body (Part VI, line 1b)		323	
ties			of volunteers (estimate if necessary)		18	
Activities & Governance			business revenue from Part VIII, column (C), line 12		0.	
Ă			business taxable income from Form 990-T, Part I, line 11		0.	
			Prior Y		Current Year	
đ	8	Contributions		5,914.	5,973,028.	
nu	9	Program servio	ce revenue (Part VIII, line 2g) 18,070		18,272,636.	
Revenue	10	Investment inc		3,162.	110,529.	
£	11	Other revenue		7,774.	174,463.	
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12) 25,006		24,530,656.	
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
	1		o or for members (Part IX, column (A), line 4)	0.	0.	
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10) 14,954	-	15,034,953.	
Expenses	16a		Indraising fees (Part IX, column (A), line 11e)	0.	0.	
ă	b		ng expenses (Part IX, column (D), line 25) 148,646. s (Part IX, column (A), lines 11a-11d, 11f-24e) 10,097		10,397,751.	
	1 ''				25,432,704.	
			4	5,496.	-902,048.	
<u>ب</u>		nevenue less (expenses. Subtract line 18 from line 12 Beginning of Co		End of Year	
Net Assets or Fund Balances	20	Total assets (F			38,876,589.	
Asse	20		(Part X, line 26)		11,136,423.	
Net /	22		Fund balances. Subtract line 21 from line 20		27,740,166.	
Pa	art 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. Т

Sign	Signature of officer			Date					
Here	YOLANDA ROBANO-GROSS, CHI	R							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	ELLEN M. LABITA, CPA			self-employed P00140777					
Preparer	Firm's name BAKER TILLY ADVIS	ORY GROUP, LP		Firm's EIN 39-0859910					
Use Only	Firm's address 1500 RXR PLAZA, W								
	UNIONDALE, NY 11556 Phone no.631.752.7400								
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

	990 (2023) OPTIONS FOR COMMUNITY LIVING, INC	11-2612035 Page 2
Pa	rt III Statement of Program Service Accomplishments	V
1	Check if Schedule O contains a response or note to any line in this Part III	X
•	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	prior Form 990 or 990·EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, and
	revenue, if any, for each program service reported.	9 275 226
4a	(Code:) (Expenses \$ 7,222,014. including grants of \$) (Revented by the set of \$] (Revented by the set of \$) (Revented by the set of \$] (Revented by	
	STATE OFFICE OF MENTAL HEALTH, OPTIONS PROVIDES TRANSITI	
	WITH REHABILITATION SERVICES FOR INDIVIDUALS RECOVERING	
	MENTAL ILLNESS. THE PROGRAM HAS THE CAPACITY TO SERVE 12	8 ADULTS AT
	FIVE GROUP HOMES, 20 SCATTERED LICENSED APARTMENT TREATM	ENT SITES AND A
	FIVE-UNIT APARTMENT TREATMENT BUILDING.	
4b	(Code:) (Expenses \$6 , 715 , 137 . including grants of \$) (Rever	
	MENTAL HEALTH SUPPORTIVE HOUSING - SUPPORTIVE HOUSING SI	
	ACROSS NASSAU AND SUFFOLK COUNTIES PROVIDE AFFORDABLE CC FOR ADULTS RECOVERING FROM SERIOUS MENTAL ILLNESS. CASE	MANAGERS
		WELLNESS,
	STABILITY AND INDEPENDENCE. THE PROGRAM HAS THE CAPACITY	,
	ADULTS AND 3 FAMILIES AT 116 SITES.	
4c	(Code:) (Expenses \$3, 521, 920. including grants of \$) (Revel	nue \$ 3,293,714.)
	ATC ("ACCESS TO CARE") - CARE COORDINATION. CARE MANAGEM	
	FOR MEDICAID ELIGIBLE ADULTS AND CHILDREN WITH COMPLEX M	
		COORDINATOR"
	OVERSEES AND PROVIDES ACCESS TO ALL OF THE SERVICES AN I TO STAY HEALTHY, AND AVOID EMERGENCY ROOM VISITS AND HOS	
	THE ATC CARE COORDINATION ASSISTS MORE THAN 1,300 ADULTS	
	ANNUALLY.	
4 -1	Other pressure convicts $(Decentifies on Columnity Colu$	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 4,785,550 · including grants of \$) (Revenue \$	879,414.)
4e	Total program service expenses 22,244,621.	<u> </u>
		Form 990 (2023)
332002	2 12-21-23	. ,

Form	990	(2023)

 Form 990 (2023)
 OPTIONS
 FOR
 COMMUNITY
 LIVING,
 INC

 Part IV
 Checklist of Required Schedules
 Checklist
 Checklist

			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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
<i>.</i> -	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,			
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023)

Form	990	(2023)
I UIIII	330	(2020)

OPTIONS FOR COMMUNITY LIVING, INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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		X
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 to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	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		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 113			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form 990 (2023)			NITY LIVING	
Part V Stateme	ents Regarding Oth	er IRS Filings	and Tax Complia	ance (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 323			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	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.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.10		
.5	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	-		

Form 990 (2023)

OPTIONS FOR COMMUNITY LIVING, INC

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

	Check if Schedule O contains a response or note to any line in this Part VI			 	X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	11		
	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 on line 1a, above, who are independent	1b	11		

	J			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	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		X

	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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		
Sec	tion C. Disclosure			
	NUMBER OF A DESCRIPTION			

17 List the states with which a copy of this Form 990 is required to be filed <u>NY</u>

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.
	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

19	Describe on Schedule O whether (and it so, now) the organization made its governing documents, conflict of interest policy, and financia
	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
	KAREN SCHWARTZ - CFO - (631)361-9020
	25 HOWARD PLACE, RONKONKOMA, NY 11779

Part VII	Compensation of Officers, Directors, Tru	ustees, Key Employees,	Highest Compensated
	Employees, and Independent Contractor	rs	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do			ition	l than c	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aad	Irecto	r/trust	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	dual ti	utio na	_	nploy	st cor iyee	1	1000 NEO)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			e.gamzanene
(1) YOLANDA ROBANO-GROSS, LMSW, MHA	35.00									
CHIEF EXECUTIVE OFFICER	1.50			х				310,290.	0.	39,634.
(2) KAREN SCHWARTZ	28.60									
CHIEF FINANCIAL OFFICER	6.40			Х				181,674.	0.	66,067.
(3) LORI BARRAUD	35.00									
COO (UNTIL 12/19/23)	0.00					X		159,912.	0.	65,282.
(4) ALLISON COVINO	35.00									
PROGRAM DIRECTOR	0.00					X		151,490.	0.	59,981.
(5) ROBIN SAYLES	35.00							150 040	•	
PROGRAM DIRECTOR	0.00					X		150,348.	0.	56,083.
(6) BARBARA COSTANZO	35.00							100 000	0	
PROGRAM DIRECTOR	0.00					X		128,888.	0.	54,748.
(7) DENISE WATERHOUSE PROGRAM DIRECTOR	35.00					x		100 225	0.	17 171
(8) JOHN DEBIASE	0.00					A		128,335.	0.	47,171.
PRESIDENT	1.20	х		х				0.	0.	0.
(9) ALAN TILLINGHAST	0.30	~		~				0.	0.	0.
VICE PRESIDENT	1.20	х		х				0.	0.	0.
(10) RICHARD FABIETTI	0.30			21					0.	U •
TREASURER	1.20	х		х				0.	0.	0.
(11) TAMIKA S. MENDOZA	0.30									
SECRETARY	1.20	х		х				0.	0.	0.
(12) BEVERLY-JANE ANIANO	0.30									
DIRECTOR	1.20	х						0.	0.	0.
(13) ANTHONY J. GRAFFEO	0.30									
DIRECTOR (AS OF 4/23)	1.20	Х						0.	0.	0.
(14) TARA LABRIOLA	0.30									
DIRECTOR	1.20	Х						0.	0.	0.
(15) BALVINDAR SAREEN	0.30									
DIRECTOR	1.20	Х						0.	0.	0.
(16) JUDY SIMONCIC, ESQ.	0.30									
DIRECTOR	1.20	Х						0.	0.	0.
(17) LISA TOMASULO	0.30									_
DIRECTOR	1.20	Х						0.	0.	0.

Form 990 (2023) OPTIONS	FOR COMM	IUN	ITT	Y	LI	VI	NG	G, INC	11-26	120	35	Page 8
Part VII Section A. Officers, Directors, Tru		oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average				itior			(D) Reportable	(E) Reportable		(F Estim	
	hours per	box	not ch , unles	s per	rson i	s both	an	compensation	compensation		amou	
	week		cer and	dad	recto	or/trus	ee)	from	from related		oth	
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC	2/	comper from	
	related	ee or i	stee			nsated		(W-2/1099-MISC/	1099-NEC)	″	organi	
	organizations	al trust	nal tru		oyee	e e		1099-NEC)			and re	elated
	below line)	ndividual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				organiz	ations
(18) JODY BURKE	0.30	Ē	Ë	Of	Ke	E E	ß			+		
DIRECTOR	1.20	x						0.		0.		Ο.
										-		
										\rightarrow		
										\rightarrow		
		1										
										+		
										\rightarrow		
										\rightarrow		
1b Subtotal								1,210,937.		0.	388,	966.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)								1,210,937.		0.	388,	966.
2 Total number of individuals (including but	not limited to th	ose	listeo	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			-
compensation from the organization											V	s No
2 Did the organization list any former office	director truct			mnl	0.10	~ ~r	hio	sheet componented omp		Г	Ye	5 NO
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			•	•	-					- 1	3	X
4 For any individual listed on line 1a, is the s										·· -		
and related organizations greater than \$15										E	4 X	2
5 Did any person listed on line 1a receive or	accrue comper	Isati	, on fro	om	any	unre	late	ed organization or individ	dual for services			
rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or su	ch r	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest of	•	•							•	nsatio	on from	
the organization. Report compensation for (A)	the calendar ye	ear e	num	<u>y</u> w				(B)			(C)	
Name and busines	s address							Description of s	ervices	Cc	ompensa	ition
BAKER TILLY US LLP												
PO BOX 7398, MADISON, WI	53707-7	39	8					AUDIT/TAX SE	RVICES		285,	550.
ATLANTIC TOMORROW OFFICE								IT MANAGEMEN	г			
PO BOX 5149, WHITE PLAIN								SERVICES			283,	045.
RUSSO KARL WIDMAIER & CO								THOAT			112	000
400 TOWNLINE ROAD, HAUPP.	AUGE, NY		1/0	00			_	LEGAL			113,	822.
2 Total number of independent contractors	including but no	ot lin	nited	to			ted	above) who received m	ore than			
\$100,000 of compensation from the organ	ization				3	3						

\$100	000	of com	nensation	from	the o	rganizatio	n
φ100	,000 (Delisation	IIUIII	uie u	iyanizatio	

						OR C	OMMUNITY	LIVING, I	NC	11-2612	035 Page 9
Pa	rt \	/	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a res	ponse	or note to any lin	((2)	
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								rotarrevenue	function revenue	business revenue	from tax under
											sections 512 - 514
nts nts	1	а	Federated campaigns				6,286.				
Gra			Membership dues			-					
ts, (Am			Fundraising events			_	5,200.				
Gifi İlar			-		1						
ns,			Government grants (contr			e	4,641,288.				
utio er S		f	All other contributions, gifts,	-			1 220 254				
Oth			similar amounts not included			_	1,320,254.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in	lines 1	a-1f 1	g \$	22,296.	5 973 028	-		
0 a		n	Total. Add lines 1a-1f				Business Code	5,973,028	•		
	~	_	MENTAL HEALTH LICENS	מקט	PPOCPA	/IC	623990	8,375,336	8,375,336.		
/ice	2	a ⊾	MENTAL HEALTH SUPPOR				623990	5,724,172			
ser√ ue		D	ATC - CARE COORDINAT				623990	3,293,714			
m S ven		C A	ATC - RESIDENTIAL SI				623990	840,095	· · ·		
Program Service Revenue		u c	THRIFT SHOP	L			459510	39,319		1	
Pro		e f	All other program service	rovo	2110						
-			Total. Add lines 2a-2f					18,272,636			
	3		Investment income (includ					,,			
	Ŭ							215,900			215,900.
	4		Income from investment of					,			, ,
	5		Royalties		-	20110 p					
	-				(i) R	eal	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
		d	Net rental income or (loss))							
	7		Gross amount from sales of		(i) Sec	urities	(ii) Other				
			assets other than inventory	7a	2,33),780.	31,423.				
		b	Less: cost or other basis								
ne			and sales expenses	7b	2,33	,202.	137,372.				
evenue		с	Gain or (loss)	7c		578.	-105,949.				
Re		d	Net gain or (loss)					-105,371			-105,371.
Other Re	8	а	Gross income from fundraising		•						
đ			including \$	5,	200. o	f					
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses				8,475.				
	_		Net income or (loss) from					14,417	•		14,417.
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
	40		Net income or (loss) from	-	-	ties .	T				
	10	а	Gross sales of inventory, I								
		L	and allowances								
			Less: cost of goods sold			··· -	<u> </u>				
		C	Net income or (loss) from	Sales	s or inver	nory .	Business Code				
sņ	11	9	MANAGEMENT FEES				900099	159,272			159,272.
neo		-	MISC. INCOME				900099	774			774.
ella iver		c	· · · · · · · · · · · · · · · · · · ·								
Miscellaneous Revenue			All other revenue								
Σ			Total. Add lines 11a-11d					160,046			
	12		Total revenue. See instruction					24,530,656	. 18272636.	0.	284,992.

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2			COMMUNITY	LIVING,	INC	11
Part IX	Statement of Functional E	xpens	es			
Section 501	(c)(3) and 501(c)(4) organizations m	ust com	olete all columns. All	other organizati	ons must com	plete column (A).

	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations 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				
	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	597,666.		597,666.	
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	10,944,119.	9,578,911.	1,268,450.	96,758
8	Pension plan accruals and contributions (include	202 225			0 54 0
	section 401(k) and 403(b) employer contributions)	382,005.	352,505.	25,990.	3,510 21,085
9	Other employee benefits	2,240,890.	1,905,680.	314,125.	21,085
10	Payroll taxes	870,273.	739,645.	123,550.	7,078
11	Fees for services (nonemployees):				
а	0	121,187.	00 474	01 710	
b	•	119,250.	99,474. 114,632.	21,713. 3,810.	0.00
	Accounting	119,250.	114,032.	3,810.	808
	Lobbying				
	Professional fundraising services. See Part IV, line 17	18,261.		18,261.	
f	Investment management fees	10,201.		10,201.	
g	(,	897,668.	544,108.	351,995.	1 565
	column (A), amount, list line 11g expenses on Sch O.)	097,000.	544,100.		1,565
12	Advertising and promotion	565,372.	490,346.	68,417.	6,609
3 4	Office expenses	505,572.	490,940.	00,417.	0,005
14 15	Information technology Royalties				
16	Occupancy	2,894,924.	2,856,272.	38,652.	
17	Travel	200,668.	193,360.	7,215.	93
8	Payments of travel or entertainment expenses	200,0000		,,	
0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,307,356.	1,258,896.	48,394.	66
23	Insurance	308,246.	281,691.	25,936.	619
4	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 0.)				
а	RENTAL ASSIST & RELATED	1,880,966.	1,880,966.		
b		937,561.	901,317.	36,243.	1
С		668,262.	668,262.		
d		194,315.	194,315.		4 4 4 5 4
е	All other expenses	283,715.	184,241.	89,020.	10,454
25	Total functional expenses. Add lines 1 through 24e	25,432,704.	22,244,621.	3,039,437.	148,646
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
			I I		

OPTIONS	FOR	COMMUNITY	LIVING,	INC
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		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,020,862.	1	1,430,701.
	2	Savings and temporary cash investments			2,741,323.	2	2,095,418.
Assets	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,033,779.	4	2,425,333.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Description of a second state of a formula balance of a		[249,995.	9	467,527.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	45,614,815.			
	b	Less: accumulated depreciation		20,254,444.	26,081,248.	10c	25,360,371.
	11	Investments - publicly traded securities	-		4,769,288.	11	4,660,292.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	3,161,970.	15	2,436,947.		
	16	Total assets. Add lines 1 through 15 (must equa	41,058,465.	16	38,876,589.		
	17	Accounts payable and accrued expenses			1,487,205.	17	1,478,024.
	18	Grants payable		18			
	19	Deferred revenue			1,080,082.	19	1,355,531.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
abil		controlled entity or family member of any of thes	e perso	ns		22	
Ë	23	Secured mortgages and notes payable to unrela	ted third	d parties	6,185,587.	23	5,909,185.
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, page	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	2,393,683.
	26	Total liabilities. Add lines 17 through 25			12,386,507.	26	11,136,423.
		Organizations that follow FASB ASC 958, che	ck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			28,625,591.	27	27,695,523.
Ba	28	Net assets with donor restrictions			46,367.	28	44,643.
pu		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ľ.		and complete lines 29 through 33.					
s of	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			28,671,958.	32	27,740,166.
	33	Total liabilities and net assets/fund balances			41,058,465.	33	38,876,589.

Form **990** (2023)

Form 990 (2023)	
Part X	Balance	Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI X 1 Total revenue (must equal Part VIII, column (A), line 12) 1 24,530,655. 2 25,432,704. 3 -902,048. 3 -902,048. 3 -902,048. 4 28,671,958. 5 254,302.704. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 28,671,958. 5 Net unrealized gains (losses) on investments 5 254,302. 6 0 0 28,671,958. 5 7 Investment expenses 7 6 6 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -284,046. 10 27,740,166. 27,740,166. 27,740,166. Part XII Financial Statements and Reporting 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accounting Check if Schedule O. 2a X 1 Accounting method used to pre	Form	990 (2023) OPTIONS FOR COMMUNITY LIVING, INC 11-	2612035	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 24, 530, 656. 2 Total expenses (must equal Part IX, column (A), line 25) 2 25, 432, 704. 3 Revenue less expenses. Subtract line 2 from line 1 3 -902, 048. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 28, 671, 958. 5 Net unrealized gains (losses) on investments 5 254, 302. 6 5 254, 302. 7 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -284, 046. 10 27, 740, 166. 9 -284, 046. 10 Part assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 27, 740, 166. Part XII Financial Statements and Reporting - - - Check if Schedule O contains a response or note to any line in this Part XII - - 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - 2a X 1 Accounting method used to prepar	Par	t XI Reconciliation of Net Assets			
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Zet X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 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 2b 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: Zet 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: Zet X If "Yes," the check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Zet X If "Yes," the check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Par	t XII Financial Statements and Reporting			
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Cash		Check if Schedule O contains a response or note to any line in this Part XII			
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2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b 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: 2b 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2a X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 1 1	1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
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consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?	2b	X	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
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review, or compilation of its financial statements and selection of an independent accountant? 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		X Separate basis Consolidated basis Both consolidated and separate basis			
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
		If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	За	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	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		or audits, explain why on Schedule O and describe any steps taken to undergo such audits			

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

Nan	ne of t	the organization							identification number		
				MMUNITY LIVI					1-2612035		
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instruction	S.			
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	l)(A)(i).				
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(A)(vi). (Complete Part II.)									
8	Ц	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or		
		university:									
10	X	An organization that norma									
		activities related to its exem		-					-		
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	janization a	after June 30, 1975.		
		See section 509(a)(2). (Cor									
11	\square	An organization organized a	-	•	•						
12		An organization organized a	-	-	-			•			
		more publicly supported org lines 12a through 12d that	-								
а		Type I. A supporting orga	• •					-	aivina		
u	L	the supported organization	-	-	•	-					
		organization. You must c			i majonty c				pporting		
b		Type II. A supporting org	-		tion with it	s sunnorte	d organizatio	n(s) hy hay	vina		
~		control or management o	-				-		•		
		organization(s). You mus			ante perce			ge the calpr			
с		Type III functionally inte	-		in connect	ion with. a	and functional	lv integrate	ed with.		
		its supported organization						, ,			
d		Type III non-functionally						ted organiz	zation(s)		
		that is not functionally int						-			
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information									
		i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	,	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Tota											
1010									1		

Schedule	A (Form 990) 2023
Part II	Support Schedule

OPTIONS FOR COMMUNITY LIVING, INC

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	-		_	_	_	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(4) 2010	(1) 2020				(i) Fotal
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10							
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
						12	
	Gross receipts from related activities, First 5 years. If the Form 990 is for the		,	fourth or fifth toy		· · ·	
13	•			,	5	()()	
Sec	organization, check this box and stop ction C. Computation of Publi						·····
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022					15	%
	33 1/3% support test - 2023. If the						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2022. If the		-		d line 15 is 33 1/3%		
	and stop here. The organization qual						
17~	10% -facts-and-circumstances test						
178							
	and if the organization meets the fact			-	-	. vinow the org	
Ŀ	meets the facts-and-circumstances te	-		• • • •		170 and line 1	
D	10% -facts-and-circumstances test						
	more, and if the organization meets the						
40	organization meets the facts-and-circl		-				
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 160, 1/a, or 1/	D, CHECK THIS DOX a	and see instruct	

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 OPTIONS FOR COMMUNITY LIVING , Part III Support Schedule for Organizations Described in Section 509(a)(2) Section 509(a)(2) Section 509(a)(2) OPTIONS FOR COMMUNITY LIVING, INC

(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.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	395,326.	6106918.	7992566.	6675914.	5973028.	27143752.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	20066247.	15432787.	16764703.	18070140.	18272636.	88606513.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	20461573.	21539705.	24757269.	24746054.	24245664.	115750265
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						115750265
Sec	ction B. Total Support		I		L		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	20461573.	21539705.	24757269.	24746054.	24245664.	115750265
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	139,049.	95,184.	102,926.	117,667.	215,900.	670,726.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	139,049.	95,184.	102,926.	117,667.	215,900.	670,726.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital	148,990.	156.353.	157,668.	252.668.	182,938,	898.617.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	20749612.					
	First 5 years. If the Form 990 is for th						
	•						
Sec	ction C. Computation of Publi	ic Support Per	centage				·····
	Public support percentage for 2023 (column (f))		15	98.66 %
	Public support percentage from 2022					16	98.71 %
	tion D. Computation of Invest						JO • / ± 70
	Investment income percentage for 20			no 12 oclumn (f))		17	.57 %
						18	.52 %
	Investment income percentage from			on line 14 and line			
198	33 1/3% support tests - 2023. If the	-					/ is not
1-	more than 33 1/3%, check this box at 22 1/2% aupport tooto 2022. If the						
a	33 1/3% support tests - 2022. If the	•					
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
20	rivate roundation. In the organization	IT UIU TIOL CHECK a		a, or red, check th	IS NOV ALLO REF IUS		

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(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A

and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

10a

Schedule A (Form 990) 2023 OPT: Part IV Supporting Organizations

OPTIONS FOR COMMUNITY LIVING, INC 11-2612035 Page 5 Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued Yes No 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 on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>	n their official capacity, or membership of one or et at least a majority of the organization's officers, Part VI how the supported organization(s) If the organization had more than one supported directors, or trustees were allocated among the d to such powers during the tax year. To other than the supported ganization? If "Yes," explain in		
	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 have available a which convide out the summary of the supported exempiration() that appreciated			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If* "*No*," *describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section 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 instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* 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.*
- 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 of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

2

1

Yes No

Yes No

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	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		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Charly here it it entire the set of the integral Part Test as a d Г alifying trust on Nov 20, 1970 (.

lain in Part VI) See instructions

instructions).

7

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Sche	edule A (Form 990) 2023 OPTIONS FOR COMMUNITY LIVING, INC	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (con	tinued)
Sect	tion D - Distributions	
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 (<i>describe in Part VI</i>). See instructions.	6

Section D - Distributions					Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes 1			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity 2			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 OPTIONS FOR COMMUNITY LIVING, INC 11-2612035 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, 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 A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INCOME
2019 AMOUNT: \$ 86.
2020 AMOUNT: \$ 2,823.
2021 AMOUNT: \$ 2,183.
2023 AMOUNT: \$ 774.
MANAGEMENT FEES
2019 AMOUNT: \$ 148,904.
2020 AMOUNT: \$ 153,530.
2021 AMOUNT: \$ 155,485.
2022 AMOUNT: \$ 153,665.
2023 AMOUNT: \$ 159,272.
FUNDRAISING INCOME
2022 AMOUNT: \$ 89,209.
2023 AMOUNT: \$ 22,892.
GAMING INCOME
2022 AMOUNT: \$ 9,794.

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

OPTI	ONS FOR	COMMUNITY	LIVING,	INC
Organization type (check one):				

11-2612035

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 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

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 for an *exclusively* set is contributions.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Name of organization

OPTIONS FOR COMMUNITY LIVING, INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 Person Payroll 19,406. Noncash Х \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Person Payroll 224,745. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 47,066. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

11-2612035

Schedule B (Form 990) (2023)

Name of organization

OPTIONS FOR COMMUNITY LIVING, INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 2,137,633. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8 X Person Payroll 1,250,712. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 908,314. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Person X Payroll 383,433. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 232,563. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Payroll 65,000. Noncash \$ (Complete Part II for noncash contributions.)

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Part I

(a)

Schedule B (Form 990) (2023)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>79,668.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ <u>11,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 16</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

OPTIONS FOR COMMUNITY LIVING, INC

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

11-2612035

(c)

Employer identification number

(d)

323452 12-26-23

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$98,806.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 		\$155,789.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-26-23		\$	Person Payroll Occupient Payroll Occupient Part II for noncash contributions.)

OPTIONS FOR COMMUNITY LIVING, INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Name of organization

(a)

No.

19

11-2612035

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(c)

Total contributions

\$__

73,307.

Employer identification number

(d)

Type of contribution

X

Page 2

		\$19,406.	05/17/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
—			
3453 12-26-23		\$	Schedule B (Form 990) (20

Schedule B (Form 990) (2023)

OPTIONS FOR COMMUNITY LIVING, INC

215 SHS OF GENERAL MILLS INC

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

Name of organization

Part II

(a)

No.

from

Part I

1

Page **3**

Employer identification number

(d)

Date received

11-2612035

(c)

FMV (or estimate)

(See instructions.)

Schedule	B (Form 990) (2023)		Page
Name of o	organization		Employer identification number
OPTIO	NS FOR COMMUNITY LIVING	. INC	11-2612035
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	tions to organizations described in se- a) through (e) and the following line enti- charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No.			
from Part I	(b) Purpose of gift 	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	 t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ť
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	it
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D	
••••	

Supplemental Financial Statements

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



	epartment of the Treasury ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
	I Revenue Service		U for instructions and t	ne latest informat		Inspection identification number
nam	e of the organizati	OPTIONS FOR COMMUN	TTY LIVING	INC		1-2612035
Par	rt I Organiza	ations Maintaining Donor Advise				
		on answered "Yes" on Form 990, Part IV, lin				
	_		(a) Donor advise	ed funds	(b) Funds an	d other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in	writing that the assets he	eld in donor advise	d funds	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that gr	ant funds can be u	ised only	
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for ar	ny other purpose c	onferring	
		rate benefit?				Yes No
Par	rt II Conserv	ation Easements. Complete if the or	ganization answered "Ye	es" on Form 990, P	art IV, line 7.	
1		servation easements held by the organizati		_		
		n of land for public use (for example, recrea	tion or education)	-	a historically impo	
		of natural habitat		Preservation of	a certified historic	structure
-		n of open space				
2	Complete lines 2a day of the tax yea	through 2d if the organization held a quality	ied conservation contrib	oution in the form o		asement on the last at the End of the Tax Year
_						
a h						
b C	•	vation easements on a certified historic str	ucture included on line 2			
d		vation easements included on line 2c acqu			20	
u		ture listed in the National Register	• • •		2d	
3		vation easements modified, transferred, rel				the tax
-	year		eacea, crangalonea, cr			
4		where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per		tion, handling of		
		forcement of the conservation easements it				Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,				
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and er	nforcing conservati	on easements dur	ing the year
8		vation easement reported on line 2d above				
)(4)(B)(ii)?				Ves No
9		be how the organization reports conservati		-		
		d include, if applicable, the text of the footr	note to the organization's	s financial stateme	nts that describes	the
Par		counting for conservation easements. ations Maintaining Collections of	Art. Historical Tre	asures. or Oth	ner Similar Ass	sets.
		f the organization answered "Yes" on Form		,		
1a		elected, as permitted under FASB ASC 95		enue statement an	d balance sheet w	vorks
		easures, or other similar assets held for put				
		Part XIII the text of the footnote to its finar			-	
b		elected, as permitted under FASB ASC 95				s of
		sures, or other similar assets held for public				
		ing amounts relating to these items.				
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1			\$	
					•	
2	If the organization	received or held works of art, historical tre	asures, or other similar a	ssets for financial	gain, provide	
	the following amo	unts required to be reported under FASB A	SC 958 relating to these	items:		

\$

\$

Sche		FOR COMMUN						11-26	12035	D Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Simila	r Asset	s (contir	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the fe	ollowing tha	t make s	ignificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🗌	Loan or excl	nange progr	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	ey further th	e organizatio	on's exe	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical treas	ures, or oth	er simila	r assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		te if the	organization	answered "	Yes" on	Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		-						_		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T	Ending balance										
	Did the organization include an amount on F							L	Yes		No ∣
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										
		(a) Current year		rior year	(c) Two yea		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	((-7)		(-)		((-)	<i></i>	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	g, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held an	d administe	red for tl	ne		r		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	=			line 11e C	000		line 10				
	Complete if the organization answere							.	() =		
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (Accumulate epreciation	ed	(d) Bool	< value	;
1a	Land			9,95	0,383.				9,950		
	Buildings			<u>33,</u> 66	0,091.		546,79		5,11		
	Leasehold improvements			13	7,004.		116,40	06.	20),59)8.
	Equipment										
	Other			1,86	7,337.	1,	591,2 3			5,09	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10	0c, column	(<u>B))</u>			2	5,360),3	/1.

Schedule D (Form 990) 2023

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) DUE FROM AFFILIATES			232,686
(2) RESERVE FOR REPLACEMENTS			641,858
(3) TENANT DEPOSITS HELD IN TR	UST		87,330
(4) OTHER ASSETS LIMITED AS TO) USE		350,660
(5) RIGHT OF USE ASSET			1,124,413
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		2,436,947
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO GOVERNMENTAL AGENCI	ES		620,376
			5,199
(3) OTHER CURRENT LIABILITIES			5,15
			87,330
(3) OTHER CURRENT LIABILITIES	UST		87,330
(3) OTHER CURRENT LIABILITIES (4) TENANT DEPOSITS HELD IN TR	UST		87,330 384,565 125,369
(3) OTHER CURRENT LIABILITIES (4) TENANT DEPOSITS HELD IN TR (5) ADVANCE FROM NEW YORK STAT	UST		87,330 384,565
 (3) OTHER CURRENT LIABILITIES (4) TENANT DEPOSITS HELD IN TR (5) ADVANCE FROM NEW YORK STAT (6) OTHER LIABILITIES 	UST		87,330 384,565 125,369
 (3) OTHER CURRENT LIABILITIES (4) TENANT DEPOSITS HELD IN TR (5) ADVANCE FROM NEW YORK STAT (6) OTHER LIABILITIES (7) OPERATING LEASE LIABILITY 	UST		87,330 384,565 125,369

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2023 Part VII Investments OPTIONS FOR COMMUNITY LIVING, INC

Other Securities

Sche	dule D (Form 990) 2023 OPTIONS FOR COMMUNITY L	IVING, INC	2	11-	2612035 P	age 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With F	Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	24,500,9	12.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	254,302.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	-284,046.			
е	Add lines 2a through 2d			2e	-29,7	
3	Subtract line 2e from line 1			3	24,530,6	56.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				_
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	24,530,6	56.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		Expenses per H	letur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir			 ,		0.4
1	Total expenses and losses per audited financial statements			1	25,432,7	04.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	0-				
h				.		
D	Prior year adjustments			-		
c		2b		-		
u c b	Prior year adjustments	2b 2c		•		
	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d		2e		0.
	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		2e 3	25,432,7	<u>0.</u>
е	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d			25,432,7	<u>0.</u>
е 3	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2b 2c 2d			25,432,7	<u>0.</u> 04.
е 3 4 а	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d 4a			25,432,7	<u>0.</u> 04.
е 3 4 а	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2b 2c 2d 2d 4a 4b		3 4c		0.
e 3 4 b c 5	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2b 2c 2d 2d 4a 4b		3	25,432,7	0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED OPTIONS' TAX POSITIONS AND CONCLUDED THAT OPTIONS

HAS NOT TAKEN ANY UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE

FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF ASC 740.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REFUND OF CAPITAL ADVANCE

-284,046.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047	7
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2023	
Department of the Treasury		Attach to Form 990	or For	n 990	-EZ.			Open to Public	
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	า.		Inspection	
Name of the organization								identification numb	ber
		FOR COMMUNITY LIV					11-263		
	complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990	-EZ filers are not	
 Indicate whether th a Mail solicitat 	•	ed funds through any of the followin e Solicita	•		Check all that apply. overnment grants				
b Internet and	email solicitations	f Solicita	ation of	gover	nment grants				
c Phone solici		g 📃 Specia	l fundra	aising	events				
		r oral agreement with any individua	l (includ	ling of	ficers, directors, trus	tees,	or		
key employees list	ed in Form 990, P	art VII) or entity in connection with p	orofessi	onal fi	undraising services?			res 🗌 No	
	•	viduals or entities (fundraisers) pursu	uant to	agreer	ments under which th	ne fui	ndraiser is to	be	
compensated at le	east \$5,000 by the	organization.							
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did raiser ustody ntrol of utions?	(iv) Gross receipts to from activity		Amount pai or retained b fundraiser ted in col. (i	y) to (or retained b	by)
			Yes	No	-				
Total			1	1					
	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is	exempt from	registration	

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

OPTIONS FOR COMMUNITY LIVING, INC

11-2612035 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

			(a) Event #1 MIDNIGHT AT MASQUERADE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
	1 (Gross receipts	28,092.			28,092
	2 L	Less: Contributions	5,200.			5,200
		Gross income (line 1 minus line 2)				22,892
		Cash prizes				
2	51	Noncash prizes				
Dellad	6 F	Rent/facility costs	6,291.			6,291
Ulrect Expenses	7 F	Food and beverages				
ב	8 6	Entertainment				
		Other direct expenses				2,184
		Direct expense summary. Add lines 4 throug				8,475 14,417
-				n 990, Part IV, line 19, or r		
Т		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
			(a) Bingo	(b) Pull tabs/instant	- 	
Hevenue	1 (\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	- 	
a Hevenue	1 (\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	- 	(d) Total gaming (add col. (a) through col. (c
Hevenue	1 (2 (3	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant	- 	
anilasau	1 (2 (3 f 4 f	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	(b) Pull tabs/instant	- 	
	1 (2 (3 4 5 (\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant	- 	
	1 (2 (3) 4 F 5 (6)	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 (2 (3 4 5 (6 \ 7 [\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 (2 (3) 4 F 5 (6) 7 [8]	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 (2 (3 h 4 F 5 (6 \ 7 [8 h Ente	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Image: Constraint of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

 b If "Yes," explain:
 Image: Constraint of the organization of the organiza

332082 09-13-23

Sch	edule G (Form 990) 2023	OPTIONS	FOR	COMMUNITY	LIVING,	INC	11-261	2035	Page 3
11	Does the organization conduct ga							Yes	No
	Is the organization a grantor, bene							_	
	to administer charitable gaming?							Yes	No No
13	Indicate the percentage of gaming	activity conducte	ed in:						
á	The organization's facility						13	a	%
	• An outside facility							b	%
14	Enter the name and address of the	e person who pre	pares th	ne organization's ga	aming/special eve	ents books and records	3:		
	Name								
	Address								
15a	Does the organization have a cont	ract with a third p	party fro	om whom the orgar	ization receives ç	gaming revenue?		Yes	No No
	 If "Yes," enter the amount of gamin of gaming revenue retained by the If "Yes," enter name and address of 	third party \$		he organization	\$	and the amo	ount		
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$		_					
	Description of services provided								
	Director/officer	Employee		Independ	ent contractor				
17	Mandatory distributions:								
	Is the organization required under	state law to make	e charita	able distributions fr	om the gaming p	roceeds to			
	retain the state gaming license?							Yes	No
I	Enter the amount of distributions r	equired under sta	ate law [.]	to be distributed to	other exempt or	ganizations or spent in	the		
	organization's own exempt activitie			\$					
Pa	Supplemental Inform 15b, 15c, 16, and 17b, as						and Part III,	lines 9, 9	9b, 10b,

Schedule G	(Form 990)
Dort IV	Cumplen

Part IV	Supplemental Information (continued)

SCI	HEDULE J	Compensation Inf	ormation	OMB No.	1545-004	.7
(Foi	rm 990)	For certain Officers, Directors, Trustees, K		20	72	
		Compensated Emple Complete if the organization answered "Yes"		20	ZJ)
Depar	tment of the Treasury	Attach to Form 99		Open to		ic
Interna	al Revenue Service	Go to www.irs.gov/Form990 for instruction		Inspe		
Nam	e of the organizatio			Employer identificatio		nber
Pa		OPTIONS FOR COMMUNITY LIVI Regarding Compensation	NG, INC	11-261203	5	
га		Regarding Compensation			Y.	N
10	Chaoli the energy	to have a liftha areanization provided any of the following	to as fas a narran listad an Farm O	00	Yes	No
1a		ate box(es) if the organization provided any of the following	·	90,		
	First-class or c	ine 1a. Complete Part III to provide any relevant information	allowance or residence for personation			
	Travel for com		s for business use of personal resi			
			s for business use of personal resi			
	_		services (such as maid, chauffeur,	chef)		
			connece (each as maid, chadhear			
b	If any of the boxes	on line 1a are checked, did the organization follow a written	policy regarding payment or			
-		rovision of all of the expenses described above? If "No," co		1b		
2		require substantiation prior to reimbursing or allowing exp				
		s, including the CEO/Executive Director, regarding the item		2		
	,					
3	Indicate which, if ar	y, of the following the organization used to establish the co	mpensation of the organization's			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for meth	ods used by a related organization	n to		
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.				
	X Compensation	committee Written e	mployment contract			
	Independent c	ompensation consultant X Compensition	sation survey or study			
	X Form 990 of o	her organizations X Approval	by the board or compensation co	mmittee		
4		any person listed on Form 990, Part VII, Section A, line 1a,	with respect to the filing			
	organization or a re	-				
					X	
		eive payment from a supplemental nonqualified retirement p				X
с	•	eive payment from an equity-based compensation arrangen		<u>4c</u>		<u> </u>
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amount	s for each item in Part III.			
	Only continu E01/a	V(2) E0.1(a)(4) and E0.1(a)(20) argumizations must complete	to lines E. Q			
5)(3), 501(c)(4), and 501(c)(29) organizations must comple n Form 990, Part VII, Section A, line 1a, did the organization				
5	contingent on the r		r pay or accrue any compensation			
а	•			5a		х
		ation?				X
		r 5b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization	n pay or accrue any compensation			
	contingent on the n		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
а	The organization?			6a		Х
		ation?				Х
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization	n provide any nonfixed payments			
		not described on lines 5 and 6? If "Yes," describe in Part III				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exce			X		
9	9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section	53.4958-6(c)?				
For I	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.		Schedule J (Form	n 990)	2023

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) YOLANDA ROBANO-GROSS, LMSW, MHA	(i)	310,290.	0.	0.	22,500.	17,134.	349,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN SCHWARTZ	(i)	181,674.	0.	0.	15,535.	50,532.	247,741.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LORI BARRAUD	(i)	140,136.	0.	19,776.	13,841.	51,441.	225,194.	0.
COO (UNTIL 12/19/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALLISON COVINO	(i)	151,490.	0.	0.	8,232.	51,749.	211,471.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBIN SAYLES	(i)	150,348.	0.	0.	7,901.	48,182.	206,431.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BARBARA COSTANZO	(i)	128,888.	0.	0.	6,500.	48,248.	183,636.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DENISE WATERHOUSE	(i)	128,335.	0.	0.	11,224.	35,947.	175,506.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

AN EXECUTIVE RECEIVED SEVERANCE PAY FROM THE ORGANIZATION AND SUCH PAYMENTS

ARE DISCLOSED IN SCHEDULE J, PART II, COLUMN B(III).

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC



11-2612035

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OPTIONS FOR COMMUNITY LIVING,

OPTIONS FOR COMMUNITY LIVING, INC. IS COMMITTED TO ASSISTING

INDIVIDUALS AND FAMILIES IN NEED TO DEVELOP THEIR FULLEST POTENTIAL FOR

INDEPENDENT LIVING. SERVICES PREPARE PARTICIPANTS FOR THE DEMANDS AND

RESPONSIBILITIES OF COMMUNITY LIFE AND PROMOTE HOUSING PERMANENCY,

HEALTH, SAFETY, AND WELFARE. THE ORGANIZATION'S ACTIONS ARE GUIDED BY

PRINCIPLES OF INTEGRITY, OPENNESS, ACCOUNTABILITY, RESPECT FOR THE

INDIVIDUAL, AND THE HIGHEST QUALITY OF CARE. OPTIONS IS A MULTIFACETED

AGENCY, WITH PROGRAMS SERVING ADULTS WITH MENTAL ILLNESS, INDIVIDUAL

AND FAMILIES WITH HIV/AIDS AND OTHER CHRONIC ILLNESS. OPTIONS' PRIMARY

SOURCES OF FUNDING ARE FEES PAID BY CONTRACTS WITH THE NEW YORK STATE

OFFICE OF MENTAL HEALTH AND MEDICAID.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ATC - RESIDENTIAL SERVICES - PROVIDES HOUSING AND HOUSING SERVICES FOR

PEOPLE LIVING WITH HIV/AIDS OR OTHER DISABILITIES. OPTIONS OPERATES 68

UNITS OF LONG-TERM SUPPORTIVE HOUSING FOR FORMERLY HOMELESS OR

INAPPROPRIATELY HOUSED INDIVIDUALS AND FAMILIES. TENANTS PAY AN

AFFORDABLE RENT BASED ON INCOME. SUPPORTIVE SERVICES ENSURE ACCESS TO

CARE, SAFETY, STABILITY AND WELLBEING. SUPPORTIVE HOUSING IS ONE OF THE

MOST SUCCESSFUL (AND COST-EFFECTIVE) INTERVENTIONS EVER DEVISED TO END

HOMELESSNESS AMONG THE MOST VULNERABLE POPULATIONS.

EXPENSES \$ 3,445,354. INCLUDING GRANTS OF \$ 0. REVENUE \$ 840,095.

MAINSTREAM RENT VOUCHERS

EXPENSES \$ 1,285,506. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THRIFT SHOP

EXPENSES \$ 54,690. INCLUDING GRANTS OF \$ 0. REVENUE \$ 39,319.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CHIEF FINANCIAL OFFICER HAS REVIEWED THE FORM 990 FOR ACCURACY BEFORE FILING. THE FORM 990 IS PROVIDED TO THE TREASURER TO READ AND PROVIDE COMMENTS, WHERE NECESSARY. A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY AND THE CODE OF ETHICS ARE REVIEWED AND SIGNED BY MEMBERS OF THE BOARD OF DIRECTORS ANNUALLY. THE CONFLICT OF INTEREST AND CODE OF ETHICS ARE ALSO REVIEWED AND SIGNED BY STAFF UPON HIRE AND ANNUALLY AT THE TIME OF THE PERFORMANCE REVIEW.

FORM 990, PART VI, SECTION B, LINE 15:

15A)THE AUDIT/FINANCE COMMITTEE AND A COMPENSATION COMMITTEE COMPRISED OF BOARD MEMBERS REVIEWS COMPENSATION. A COMPENSATION REPORT OF NON-PROFIT AGENCIES WAS REVIEWED TO IDENTIFY MEDIAN SALARIES OF CEO/EXECUTIVE DIRECTOR SALARIES IN SIMILAR TYPE AND SIZE AGENCIES IN NEW YORK. SALARIES OF CEO/EXECUTIVE DIRECTOR OF SIMILAR TYPE AND SIZE IN THE LOCAL AREA AND OTHER QUANTITATIVE AND QUALITATIVE FACTORS WERE ALSO ANALYZED TO DETERMINE THE REASONABLENESS OF THE CHIEF EXECUTIVE OFFICER SALARY. THE DECISION MADE BY THE COMMITTEE WAS DISCUSSED AND APPROVED BY THE FULL BOARD OF DIRECTORS. 15B.)THE PROCEDURE DETERMINED ABOVE WAS ALSO USED FOR DETERMINING COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES.

Schedule O (Form 990) 2023	Page 2
Name of the organization OPTIONS FOR COMMUNITY LIVING, INC	Employer identification number 11-2612035
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS CORPORATE COMPLIANCE PLAN AND F	INANCIAL
STATEMENTS AVAILABLE ON THE AGENCY WEBSITE. ITS GOVERNING	DOCUMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
	-284,046.
KEFOND OF CAFILLE ADVANCE	201/0100

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 11 - 2612035

Department of the Treasury Internal Revenue Service

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

Name of the organization

OPTIONS FOR COMMUNITY LIVING, INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
206 SMITHS OPTIONS LLC					
25 HOWARD PLACE					OPTIONS FOR COMMUNITY
RONKONKOMA, NY 11779	MANAGE A 10 BED FACILITY	NEW YORK	0.	0.	LIVING, INC
	_				
	-				
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
OCL PROPERTIES, INC - 11-3265927	TO PROVIDE HOUSING FOR				OPTIONS FOR		
25 HOWARD PLACE	PERSONS WITH CHRONIC				COMMUNITY LIVING,		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 10	INC	Х	
OCL PROPERTIES II, INC - 11-3317612	TO PROVIDE HOUSING FOR				OPTIONS FOR		
25 HOWARD PLACE	PERSONS WITH CHRONIC				COMMUNITY LIVING,		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 10	INC	X	
OCL PROPERTIES III EAST, INC - 11-3368464	TO PROVIDE HOUSING FOR				OPTIONS FOR		
25 HOWARD PLACE	PERSONS WITH CHRONIC				COMMUNITY LIVING,		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 10	INC	x	
OCL PROPERTIES III WEST, INC - 11-3368465	TO PROVIDE HOUSING FOR				OPTIONS FOR		
25 HOWARD PLACE	PERSONS WITH CHRONIC				COMMUNITY LIVING,		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 10	INC	X	

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

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti organi:	(g) 512(b)(13) trolled ization?
OCI DEODEDETES IN INC. 11 2412120	TO PROVIDE HOUSING FOR			501(c)(3))	OPTIONS FOR	Yes	No
OCL PROPERTIES IV, INC - 11-3413120							
25 HOWARD PLACE	PERSONS WITH CHRONIC	NEW WORK	501(0)(2)	- THE 10	COMMUNITY LIVING,		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 10	INC	X	+
OCL PROPERTIES V, INC - 11-3470463	TO PROVIDE HOUSING FOR				OPTIONS FOR		
25 HOWARD PLACE	PERSONS WITH CHRONIC				COMMUNITY LIVING,		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 10	INC	X	
OCL PROPERTIES VI, INC - 11-3534602	TO PROVIDE HOUSING FOR				OPTIONS FOR		
25 HOWARD PLACE	PERSONS WITH CHRONIC				COMMUNITY LIVING,		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 10	INC	X	
OCL PROPERTIES VII, INC - 11-3592171	TO PROVIDE HOUSING FOR				OPTIONS FOR		
25 HOWARD PLACE	PERSONS WITH CHRONIC				COMMUNITY LIVING,		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 10	INC	X	
OCL PROPERTIES VIII, INC - 65-1177555	TO PROVIDE HOUSING FOR				OPTIONS FOR		
25 HOWARD PLACE	PERSONS WITH CHRONIC				COMMUNITY LIVING,		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 10	INC	X	
OCL PROPERTIES IX, INC - 54-2144418	TO PROVIDE HOUSING FOR				OPTIONS FOR		
25 HOWARD PLACE	PERSONS WITH CHRONIC				COMMUNITY LIVING,		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 10	INC	x	
OCL PROPERTIES X, INC - 59-3834344	TO PROVIDE HOUSING FOR				OPTIONS FOR		
25 HOWARD PLACE	PERSONS WITH CHRONIC				COMMUNITY LIVING,		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 7	INC	x	
OCL PROPERTIES XI, INC - 11-3799182	TO PROVIDE HOUSING FOR				OPTIONS FOR		-
25 HOWARD PLACE	PERSONS WITH CHRONIC				COMMUNITY LIVING,		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 10	INC	x	
OCL PROPERTIES XII, INC - 11-3799179	TO PROVIDE HOUSING FOR				OPTIONS FOR		
25 HOWARD PLACE	PERSONS WITH CHRONIC				COMMUNITY LIVING		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 10	INC	x	
OCL PROPERTIES XIII, INC - 13-4368171	TO PROVIDE HOUSING FOR				OPTIONS FOR		+
25 HOWARD PLACE	PERSONS WITH CHRONIC				COMMUNITY LIVING		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 10	INC	x	
OCL PROPERTIES XIV, INC - 30-0537992	TO PROVIDE HOUSING FOR				OPTIONS FOR	<u> </u>	+
25 HOWARD PLACE	PERSONS WITH CHRONIC				COMMUNITY LIVING		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 7	INC	x	
OCL PROPERTIES XV, INC - 45-5408337	TO PROVIDE HOUSING FOR				OPTIONS FOR		+
25 HOWARD PLACE	PERSONS WITH CHRONIC				COMMUNITY LIVING		
RONKONKOMA, NY 11779	MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 7	INC	x	

11-2612035 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	1 3	,				I			T		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	managi partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
206 SMITH MANAGER LLC -	-										
87-4752054, 25 HOWARD PLACE,	MANAGE A 10 BED										
RONKONKOMA, NY 11779	FACILITY	NY	N/A	N/A	N/A	N/A		x	N/A	X	N/A
	_										
	-										
	_										
	-										
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) :tion ɔ)(13) rolled ity?
		country)						Yes	No

Schedule R (Form 990) 2023 OPTIONS FOR COMMUNITY LIVING, INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2023 OPTIONS FOR COMMUNITY LIVING, INC

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	5 5											
(a)	(b)	(c)	(d)	(e) Are a)	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	sec.	Share of	Share of	Disp	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	(related, unrelated,	501(C) orgs.	(3)	total	end-of-year	alloca	tions?	amount in box 20	partner	ownership
		country)	sections 512-514)	Yes I		income	assets		No	(Form 1065)		7
		-		1651				103		(* = * * * = = =)	165 14	
												
				+ +					<u> </u>			+
		1						1	1			

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 OPTI Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.