WEGNER CPAS LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

OPTIONS IN COMMUNITY LIVING, INC. 551 GRAND OAK TRAIL MADISON, WI 53714

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 1324-800 | Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

A F	or the	2023 calendar year, or tax year beginning and e	ending					
B c	heck if pplicable	C Name of organization		D Employer identific	cation number			
	Addres	OPTIONS IN COMMUNITY LIVING, INC.						
	Name change	Doing business as		39-13730	54			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 551 GRAND OAK TRAIL	Room/suite	E Telephone number 608-249-1585				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	15,385,572.			
	Ameno			H(a) Is this a group re				
	Application	F Name and address of principal officer: KIMDEKLI IOKNEK		for subordinates				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
<u> </u>	ax-exe	mpt status: \mathbf{X} 501(c)(3) \mathbf{S} 501(c) () (insert no.) \mathbf{A} 4947(a)(1) o	or 527	If "No," attach a	list. See instructions			
	Vebsit			H(c) Group exemption	n number			
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1980 N	N State of legal domicile; WI			
Pa	ırt I	Summary						
ø.		Briefly describe the organization's mission or most significant activities: $\ { t TO} \ { t PF}$)			
Governance		COORDINATE SERVICES TO ENABLE ADULTS WITH	INTEI	LECTUAL AND				
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.			
ove.				3	9			
ه ت		Number of independent voting members of the governing body (Part VI, line 1b)			8			
es 8		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			446			
ĭŧ		Total number of volunteers (estimate if necessary)			8			
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
				Prior Year	Current Year			
ne	l	Contributions and grants (Part VIII, line 1h)		119,914.	133,141.			
Jen /	l	Program service revenue (Part VIII, line 2g)		14,566,214.	15,210,175.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		14,031. 5,296.	37,369. 4,887.			
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,705,455.	15,385,572.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		390,218.	416,469.			
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,890,668.	13,757,500.			
ses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	l loa	Fotal fundraising expenses (Part IX, column (D), line 25) 1,59	2.	•				
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,015,562.	1,136,201.			
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,296,448.	15,310,170.			
	l	Revenue less expenses. Subtract line 18 from line 12		409,007.	75,402.			
nc es		To read to the state of the sta	Ве	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		8,000,212.	8,420,168.			
Ass 1 Ba	21	Total liabilities (Part X. line 26)		2,901,960.	3,187,447.			
-Net	22	Net assets or fund balances. Subtract line 21 from line 20		5,098,252.	5,232,721.			
Pa	ırt II	Signature Block						
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
true,	correc	and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.				
Sigr	า	Signature of officer		Date				
Her	е	KIMBERLY TURNER, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		·	CPA 0	4/30/24 self-employ				
	arer	Firm's name WEGNER CPAS LLP		Firm's EIN 3	9-0974031			
Use	Only	Firm's address 2921 LANDMARK PL STE 300		, -	00) 054 4000			
		MADISON, WI 53713-4236		Phone no. (6	08) 274-4020			
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No			

13,624,777.

Form 990 (2023)

Total program service expenses

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	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,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	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, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
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		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		 ^``
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		4-		_ v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

332003 12-21-23

Form	1990 (2023) OPTIONS IN COMMUNITY LIVING, INC. 39-1373	054	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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			l
	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%			l
	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			l
	"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			l
	"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			۱
	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			۱
	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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		-
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?		\ \	1
Do	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pal	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Form 990 (2023) OPTIONS IN COMMUNITY LIVING, INC.

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

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	446					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х			
				За		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							
	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)?							
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 A	ccour	its (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
	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	e orga	anization 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 contribut	ions o	r gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).		_			7.7		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	orovided to the payor?	7a		X		
b				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			37		
	to file Form 8282?	 I – .		7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	'			Х		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e 7f		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
g h	If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file of the organization file organization file of the organization file organization file of the organization file of the organization file organization file of the organization file organization			7g 7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			,,,				
Ü		•		8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
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:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
р	Enter the amount of reserves the organization is required to maintain by the states in which the	106	1					
_	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c	•	14a		Х		
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			טדי				
	excess parachute payment(s) during the year?							
	If "Yes," see the instructions and file Form 4720, Schedule N.			15		X		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	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 ac	tivitie	s					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							

332005 12-21-23

OPTIONS IN COMMUNITY LIVING, INC. Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 8 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure WI List the states with which a copy of this Form 990 is required to be filed 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 Upon request Another's website __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

Form **990** (2023)

53714

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

LUKE WOLFGRAM - 608-249-1585 551 GRAND OAK TRAIL, MADISON,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- 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.

(A) Name and title	(B) Average hours per	(do box	(C) Position (do not check more than one pox, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other			
	week (list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KIMBERLY TURNER EXECUTIVE DIRECTOR	40.00			Х				180,839.	0.	20,401.
(2) RANDALL WILKINS	40.00							100,033.	•	20,401.
DIRECTOR		Х						34,302.	0.	8,019.
(3) KAREN FASTER PRESIDENT	1.00	х		х				0.	0.	0.
(4) ELIZABETH GLUECKSTEIN	1.00							•	•	
VICE PRESIDENT		Х		х				0.	0.	0.
(5) JANET ESTERVIG	1.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(6) PATRICK MURPHY	1.00									
DIRECTOR		Х						0.	0.	0.
(7) NILES BERMAN	1.00							_	_	_
DIRECTOR	1 00	Х						0.	0.	0.
(8) DAN O'CONNELL	1.00	l								
DIRECTOR	1 00	X						0.	0.	0.
(9) MONICA BEAR DIRECTOR	1.00	v						0.	0.	_
(10) SUSAN WEBSTER	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
		•								
	<u> </u>			<u> </u>			<u> </u>	I		Form 990 (2022)

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Posi		ነ than e	one	Reportable	Reportable	:	Es	timate	ed
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation	on	an	nount (of
	week		Cer an	lu a u	recio	or/trus T	lee)	from	from related			other	
	(list any	director						the	organization			pensa	
	hours for related	or di	96			ated		organization	(W-2/1099-MIS			om the	
	organizations	ustee	trust		92	Suedi		(W-2/1099-MISC/	1099-NEC)			anizati	
	below	ual tr	ional		ploye	t con	١.	1099-NEC)				d relate anizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				urga	ıı ıızatı	0115
	,	=	<u> </u>	0	¥	王屯	Œ						
1b Subtotal								215,141.		0.	28	8,42	20.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								215,141.		0.	28	8,42	<u> 20.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	Э			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	empl	oye	e, or	hig	hest compensated empl	oyee on				77
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	•		•					•	· ·			7,	
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a	•				•			· ·					37
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	J fo	or su	ıch r	oers	on					5		X
Complete this table for your five highest contractors	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100.000 of com	oensa	tion fro	m	
the organization. Report compensation for	· ·	-											
(A)								(B)			(C		
Name and business	address	NC	ONE	<u> </u>			\dashv	Description of s	ervices		omper	nsation	n
							_						
2 Total number of independent contractors (ii	ncludina but n	ot lin	niter	d to t	thos	se lie	ted	above) who received mo	ore than				
	. S. Gan 19 Dut 110	1111			100	113							

Form **990** (2023)

\$100,000 of compensation from the organization

of Revenue

			Check if Schedule O contains	response	or note to any line	e in this Part VIII			
			oncok ii concade o contains t	a response		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
(0, (0	4	_	Endorated compaigns	1a					00011011010112
nt st	'		Federated campaigns	1b					
င်္ပိ ဋ			Membership dues						
fts, Ar			Fundraising events	1c					
ig ig			Related organizations	1d	- F 207				
ns, Sim			Government grants (contributions)	1e	55,207.				
e ë		f	All other contributions, gifts, grants, an						
현된			similar amounts not included above	1f	77,934.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines 1a-1f	1g \$	9,482.				
<u>2</u> <u>p</u>		h	Total. Add lines 1a-1f			133,141.			
					Business Code				
Se	2	а	SERVICE CONTRACTS		624120	15,104,859.	15104859.		
Program Service Revenue		b	PRIVATE PAY REVENUE		624120	105,316.	105,316.		
Sch		С							
ev ev		d							
og H		е							
4		f	All other program service revenue						
		g	Total. Add lines 2a-2f			15,210,175.			
	3		Investment income (including divid	ends, intere	st, and				
			other similar amounts)			37,369.			37,369.
	4		Income from investment of tax-exe						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7		` '	Securities	(ii) Other				
	'	u	assets other than inventory 7a		(4) = 1.121				
		h	Less: cost or other basis						
ø		D							
her Revenue			and sales expenses 7b Gain or (loss) 7c						
eve			. ,						
Ä	_		Net gain or (loss)						
	8	а	Gross income from fundraising events	·					
ਠ			including \$	_					
			contributions reported on line 1c).						
			Part IV, line 18	I					
		b	Less: direct expenses	8b					
			Net income or (loss) from fundraising						
	9	а	Gross income from gaming activities	es. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming a	ctivities					
	10	а	Gross sales of inventory, less return	ns					
			and allowances	10a					
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of in	nventory					
,,					Business Code				
Miscellaneous Revenue	11	а							
ane and		b		_					
eVe		С							
<u>iš</u>		d	All other revenue		900099	4,887.			4,887.
2			Total. Add lines 11a-11d			4,887.			
	12		Total revenue. See instructions			15,385,572.	15210175.	0.	42,256.
33200	9 12	-21-	23					<u></u>	Form 990 (2023)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 416,469. 416,469. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 217,932. 19. 237,562. 19,611. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,097,251. 10,200,848. 895,649. 754. Other salaries and wages 7 Pension plan accruals and contributions (include 246,977. 222,183. 24,750. 44. section 401(k) and 403(b) employer contributions) 1,170,211. 117,267. 1,052,735. 209. Other employee benefits 9 005,499. 782,304. 223,136. 10 Payroll taxes Fees for services (nonemployees): Management Legal 12,400. 12,400. Accounting Lobbying Professional fundraising services. See Part IV, line 17 4,562. 4,562. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 50,778. 88,667. 37,889. column (A), amount, list line 11g expenses on Sch O.) 55,918.55,918. Advertising and promotion 12 112,935. 99,265. 13,163. 507. Office expenses 13 70,078. 70,078. Information technology 14 15 Royalties 152,777. 15,278. 137,499. 16 Occupancy 205,171. 203,382. 1,789. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,682. 6,466. 216. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 262,606. 60,006. 202,600. Depreciation, depletion, and amortization 22 106,938. 98,328. 8,610. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 29,786. 26,807. 2,979. PILOT EXPENSE 20,935. 27,681. 6,746. All other expenses 15,310,170. 13,624,777. 1,683,801. 1,592. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

<u>Par</u>	tΧ	Balance Sheet					
		Check if Schedule O contains a response or note to	any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments		2,108,731.	2	1,904,506	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		1,505,093.	4	1,733,095	
	5	Loans and other receivables from any current or for	officer, director,				
		trustee, key employee, creator or founder, substant					
		controlled entity or family member of any of these p		5			
	6	Loans and other receivables from other disqualified	pers	sons (as defined			
		under section 4958(f)(1)), and persons described in	sect	ion 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			20,153.	9	18,898
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	0a	4,057,147.			
	b	Less: accumulated depreciation1	0b	950,627.	3,280,826.	10c	3,106,520
	11	Investments - publicly traded securities		982,193.	11	1,500,324	
	12	Investments - other securities. See Part IV, line 11			13,089.	12	58,376
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			90,127.	15	98,449
	16	Total assets. Add lines 1 through 15 (must equal lines 1)			8,000,212.	16	8,420,168
	17	Accounts payable and accrued expenses			1,008,457.	17	1,205,896
	18	Grants payable		18			
	19	Deferred revenue	0.	19	137,957		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part	t IV d	of Schedule D		21	
တ္ဆ	22	Loans and other payables to any current or former of	office	er, director,			
<u>≅</u>		trustee, key employee, creator or founder, substant	ial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these p	ersc	ons		22	
ا =	23	Secured mortgages and notes payable to unrelated	l thir	d parties	1,893,503.	23	1,843,594
	24	Unsecured notes and loans payable to unrelated the	ird p	arties		24	
	25	Other liabilities (including federal income tax, payab	oles t	o related third			
		parties, and other liabilities not included on lines 17	'-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,901,960.	26	3,187,447
		Organizations that follow FASB ASC 958, check	here	X			
Ses		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			5,016,178.	27	5,232,721
Ba	28	Net assets with donor restrictions			82,074.	28	0
밑		Organizations that do not follow FASB ASC 958,					
딘		and complete lines 29 through 33.					
o s	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or equip				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incon				31	
Š	32	Total net assets or fund balances		L	5,098,252.	32	5,232,721
	33	Total liabilities and net assets/fund balances			8,000,212.	33	8,420,168. Form 990 (2023

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Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 38</u> !		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> 15</u>	<u>,31</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3				02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	,098		
5	Net unrealized gains (losses) on investments	5		5), 7 _.	45.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-	3,3	22.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	5	, 23	2,7	21.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	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?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	dit			
	av quelita, avalain vibri an Cabadula O and describe any stand taken to undergraphic such quelita			26		l

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number OPTIONS IN COMMUNITY LIVING, INC. 39-1373054

Pa	rt I	Reason for Public C	Charity Status. (All organizations must o	complete th	nis part.) S	ee instructions.		
he	organi	zation is not a private found							
1		A church, convention of chu)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	一	A hospital or a cooperative		•		(b)(1)(A)(ii	i).		
4	Ħ	A medical research organiza						the hospital's name	
•		city, and state:	anon operated in eer	,ja.,,o.,,o.,,		000110		ine neophane manne,	
5		An organization operated for	or the benefit of a col	lege or university owner	d or operate	ed by a go	vernmental unit describe	ad in	
3	ш	section 170(b)(1)(A)(iv). (C		lege of differently owner	or operati	ca by a go	verninental unit describe	5 4 III	
_						70/L\/4\/A\	(. A		
6	┖┳	A federal, state, or local gov							
′	X	An organization that normal		itiai part of its support f	rom a gove	ernmentai i	unit or from the general p	oublic described in	
		section 170(b)(1)(A)(vi). (Co							
8	Щ	A community trust describe							
9		An agricultural research org				-	-	-	
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of the college	or	
		university:							
10		An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from	
		activities related to its exem	pt functions, subject	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment	
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	om busines	ses acquii	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or	
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	or section s	509(a)(2).	See section 509(a)(3). (Check the box on	
		lines 12a through 12d that of	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving	
		the supported organization	n(s) the power to rec	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting	
		organization. You must c						•	
b		Type II. A supporting orga			tion with its	s supporte	d organization(s), by hav	vina	
		control or management of						•	
		organization(s). You mus							
c		Type III functionally inte			in connect	ion with a	and functionally integrate	ed with	
_		its supported organization					• •	,	
d		Type III non-functionally						zation(s)	
-		that is not functionally into					· · · · · · · · · · · · · · · · · · ·	* *	
		requirement (see instructi	-		•		='	7011000	
е		Check this box if the orga	•	-					
Ū		functionally integrated, or					1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
f	Ente	r the number of supported o	• •	iany intogratou oupport	ng organiz	ation.			
		ride the following information		d organization(s).					
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
				above (oce mondedions)					
Ota	.1								

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(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
	Gifts, grants, contributions, and		. ,	• •		. ,	
	membership fees received. (Do not						
	include any "unusual grants.")	50,008.	2110789.	38,603.	119,914.	133,141.	2452455.
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	50,008.	2110789.	38,603.	119,914.	133,141.	2452455.
	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,						
	(0)						
6	Public support. Subtract line 5 from line 4.						2452455.
Sec	etion B. Total Support						21321331
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	50,008.	2110789.	38,603.	119,914.	133,141.	2452455.
	Gross income from interest,				,		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	9,176.	10,251.	7,886.	14,031.	37,369.	78,713.
a	Net income from unrelated business	3,2,00	20,2321	.,,,,,,		3,7333	, , , , , , , , , , , , , , , , , , , ,
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	· · · · · · · · · · · · · · · · · · ·						
44	Total support. Add lines 7 through 10						2531168.
	Gross receipts from related activities,	oto (soo instructio	ne)			12 65	,240,348.
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax v			,240,540.
10	organization, check this box and stor			•			
Sec	etion C. Computation of Publi						
	Public support percentage for 2023 (li			olumn (f))		14	96.89 %
	Public support percentage from 2022					15	45.44 %
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
-	and stop here. The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
., a	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			=	•	viriow the organiz	
h	10% -facts-and-circumstances test	-	•		-		
J	more, and if the organization meets the	_					10,001
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
	ato roundation ii allo organizatio	ala not oncon a t	227 311 1110 10, 100	., , . , . , . , . , . , . , .	, 51.00K ti 110 box al		(Form 990) 2023

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

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

Sec	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(3) 2020	(0) 2021	(4) 2022	(6) 2020	(i) rotal
-	membership fees received. (Do not						
	include any "unusual grants.")						
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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
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						
	Total. Add lines 1 through 5					+	
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				-	1	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fi	ret second third	fourth or fifth tax	vear as a section	-I 501(c)(3) organizatio	n
17	check this box and stop here	ŭ		•	•	. , . ,	· —
Sec	etion C. Computation of Publi					•••••	
	Public support percentage for 2023 (li			column (f))		15	%
						16	<u> </u>
	Public support percentage from 2022 ction D. Computation of Inves					10	90
	Investment income percentage for 20			ine 13 column (f)\		17	%
	Investment income percentage from 2					18	
ıya	33 1/3% support tests - 2023. If the						r is not
	more than 33 1/3%, check this box ar	=	-	•			
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	 a. or 19b. check th 	ns box and see in	structions	

Part IV | Supporting Organizations

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

Section A. All 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		
2-		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
0		
8		
9a		
9b		
00		
9с		
10a		<u></u>
10b		
100		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion l	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	ı		
а		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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installation)	struction	<u>s).</u>	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
	that ti	hese activities constituted substantially all of its activities.	2a		
b	Did th	he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	he 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,

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continued}	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	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	ne 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		1	10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023		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				
a	From 2018				
b	From 2019				
c	From 2020				
<u>d</u>	From 2021				
е	From 2022				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$			_	
<u>a</u>	Applied to underdistributions of prior years			_	
<u>b</u>	Applied to 2023 distributable amount				
<u> </u>	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.				
88	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
_	Excess from 2023				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

OPTIONS IN COMMUNITY LIVING, INC.

39-1373054

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

Check if your organization is covered by the General Rule or a Special Rule.

527 political organization

501(c)(3) exempt private foundation

501(c)(3) taxable private foundation

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.

4947(a)(1) nonexempt charitable trust treated as a private foundation

General Rule

Form 990-PF

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

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.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

OPTIONS IN COMMUNITY LIVING, INC.

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$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
2		\$55,207.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$33,149.	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
4		\$5,000.	Person Payroll Noncash X (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 Noncash (Complete Part II for noncash contributions.)

39-1373054

Name of organization Employer identification number

OPTIONS IN COMMUNITY LIVING, INC.

39-1373054

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
4	2007 IMPALA						
		\$5,000.	07/03/23				
(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 Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** OPTIONS IN COMMUNITY LIVING, INC. 39-1373054 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

OPTIONS IN COMMUNITY LIVING, INC.

Employer identification number 39-1373054

Schedule D (Form 990) 2023

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

332051 09-28-23

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the

organization by: (i) Unrelated organizations? (ii) Related organizations?

 3a(i)	X	
 3a(ii)		X
 3b		

Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,055,753.	305,575.	2,750,178.
c Leasehold improvements				
d Equipment		1,001,394.	645,052.	356,342.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal	3,106,520.			

Schedule D (Form 990) 2023

b

С

Part IV

Schedule D (Form 990) 2023 OPTIONS IN Part VII Investments - Other Securities Complete if the organization appropriate appro					3054 Page 3
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book valu			tion: Cost or end-of-year r	 market value
	(D) Book valo	(0)	, mornou or valua	don. Cool of ond of your	Tarket 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"					
(a) Description of investment	(b) Book valu	ie (c	Method of valuat	tion: Cost or end-of-year r	narket value
(1)					
(2)					
(3)					
<u>(4)</u>					
(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"	on Form 990, Part	IV, line 11d. Se	e Form 990, Part	X, line 15.	
(a)	Description			(b)	Book value
<u>(1)</u>					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	I. (B))				
Complete if the organization answered "Yes"	on Form 990 Part	IV line 11e or	I1f See Form 990) Part Y line 25	
(-) December 1 (12-1-124 - (12-1-124 (12-1-124 (12-1-124 (12-1-124 (12-1-124 (12-1-124 (12-1-124 (12-1-124 (12-1-124 (12-1-124 (12-1-124 (12-1-124 (12-1-124 (12-1-124 (12-1-124 (12-1-124 (12-1-124 (12-1-124 (12	OITT OITT 990, T AIT	TV, IIITE TTE OF	111. See 1 01111 990	· · · · · · · · · · · · · · · · · · ·	Book value
(a) Description of liability (1) Federal income taxes				(5)	Dook value
(2)					
(3)					
(4)					
(5)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, line 25, co	I. (B))				

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

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

Part	·		evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	15,440,077.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	50,745.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	3,760.		
	Add lines 2a through 2d			2e	54,505. 15,385,572.
3	Subtract line 2e from line 1			3	15,385,572.
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			_
	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	15,385,572.
Part	Reconciliation of Expenses per Audited Financial State		Expenses per F	(etur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				45 005 600
	Total expenses and losses per audited financial statements			1	15,305,608.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	Donated services and use of facilities				
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)				•
	Add lines 2a through 2d			2e	0.
	Subtract line 2e from line 1			3	15,305,608.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	4 560		
	Investment expenses not included on Form 990, Part VIII, line 7b		4,562.		
	Other (Describe in Part XIII.)	4b			4 560
	Add lines 4a and 4b			4c	4,562. 15,310,170.
5 Darl	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) * XIII Supplemental Information			5	15,310,170.
		and N. Connection	I Ol D I V - I' 4	. D 1	V. Para Or David VII
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P			; Part A	x, line 2; Part XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	idditional informa	ation.		
DAR'	T V, LINE 4:				
IAI	I V, DIND 4.				
тне	BOARD OF DIRECTORS ESTABLISHED A GENERA	I ENDOWM	יי כומוז ייתא	റട	חדר האספקון
	DOIND OF DIRECTORD EDITIDATIONED IT CHARKE	L LINDOWII	LIVI I OIVD I	0 0	OIIONI III
MTS	SION OF OPTIONS IN COMMUNITY LIVING, INC	_			
1110	DION OF CHILDING IN COMMONTH DIVING, INC	•			
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
CHA	NGE IN BENEFICIAL INTEREST IN ASSETS HEL	D BY MAD	ISON		
сом	MUNITY FOUNDATION				8,322.
INV	ESTMENT FEES				-4,562.
					,
TOT.	AL TO SCHEDULE D, PART XI, LINE 2D				3,760.
	· · ·				•

Schedule D	(Form 990) 2023	OPTIONS	IN	COMMUNITY	LIVING,	INC.	39-1373054	Page 5
Part XIII	(Form 990) 2023 Supplemental Infor	mation (continu	ıed)					
	• •	(OOTHITIC	, ou,					
-								
								

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

OPTIONS	IN COMMUNI	TY LIVING,	INC.				39-1373054			
Part I General Information on Grants and Assistance										
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection										
criteria used to award the grants or assistance?										
2 Describe in Part IV the organization's	procedures for moni	toring the use of grant	funds in the United	d States.						
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any										
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
2 Enter total number of coation 501(a)(2)	and government or	ganizationa listad in th	o lino 1 toblo	l						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table										
• Litter total number of other organization		1 Lavic								

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE PAID TO SPECIFIC INDIVIDUALS FOR					
HOUSEHOLD AND PERSONAL EXPENSES	95	416,469.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	ı (b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE AGENCY'S CASE WORKERS PROVIDE	ON-GOING	SUPPORT TO	THEIR CLI	ENTS AND	
REGULARLY MONITOR THE USE OF FUNI	S PROVIDED	TO CLIENT	rs for Dail	Y HOUSEHOLD	
AND OTHER PERSONAL EXPENSES.					
IND OTHER TERBORIE ENTEROES.					

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OPTIONS IN COMMUNITY LIVING,

Attach to Form 990.

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

Internal Revenue Service Go to www.irs.gov/Form990 for instruction

Name of the organization

ZUZ3

Employer identification number

39-1373054

OMB No. 1545-0047

Open to Public Inspection

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? X **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7

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

Schedule J (Form 990) 2023

8

Х

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) KIMBERLY TURNER	(i)	180,839.	0.	0.	7,474.	12,927.	201,240.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)						<u> </u>	

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.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OPTIONS IN COMMUNITY LIVING, INC.

Employer identification number 39-1373054

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

DEVELOPMENTAL DISABILITIES TO LIVE IN THEIR OWN HOMES. THE AGENCY

ASSISTS PEOPLE TO MAKE INFORMED CHOICES AND REACH THEIR OWN GOALS, WITH

SUPPORT AVAILABLE TO THE EXTENT AND FOR AS LONG AS IT IS NEEDED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EXTENT AND FOR AS LONG AS IT IS NEEDED.

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

THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE MEMBERS OF THE AGENCY'S GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

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

ALL MEMBERS OF THE GOVERNING BODY AND OFFICERS REVIEW THEIR CONFLICT OF

INTEREST STATEMENTS ANNUALLY. THE COMPLETED CONFLICT OF INTEREST

STATEMENTS ARE KEPT AT THE AGENCY'S ADMINISTRATIVE OFFICE. CONFLICTS OF

INTEREST ARE REVIEWED BY MANAGEMENT AND THE MEMBERS OF THE GOVERNING BODY.

PERSONS WITH A CONFLICT OF INTEREST ARE PROHIBITED FROM PARTICIPATING IN

THE GOVERNING BODY'S DELIBERATIONS AND DECISION ON THE MATTER.

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

THE MEMBERS OF THE GOVERNING BODY ARE RESPONSIBLE FOR DETERMINING THE

COMPENSATION OF THE EXECUTIVE DIRECTOR AND DO SO THROUGH AN OPEN DISCUSSION

AND USE OF COMPARABILITY DATA. THE GOVERNING BODY'S ANNUAL DELIBERATIONS

AND DECISIONS ABOUT COMPENSATION ARE RECORDED IN THE MINUTES OF THE

MEETINGS OF THE GOVERNING BODY.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization OPTIONS IN COMMUNITY LIVING, INC.	Employer identification number 39-1373054
FORM 990, PART VI, SECTION C, LINE 19:	
THE AGENCY MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTER	REST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	•
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY	
MADISON COMMUNITY FOUNDATION	8,322.
TOTAL TO FORM 990, PART XI, LINE 9	8,322.