# Form **990**

Department of the Treasury

Internal Revenue Service

### **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.

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

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending C Name of organization D Employer identification number X Address OPTIONS FOR COMMUNITY LIVING, Name change 11-2612035 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 25 HOWARD PLACE (631)361-9020 termin-ated 21,072,250. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return RONKONKOMA, NY 11779 H(a) is this a group return F Name and address of principal officer: YOLANDA ROBANO-GROSS Applica for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or [ If "No," attach a list. (see instructions) J Website: ▶ HTTP: //WWW.OPTIONSCL.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Other > Year of formation: 1982 M State of legal domicile: NY Part | Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE ASSISTANCE & HOUSING Governance FOR PERSONS WITH MENTAL ILLNESS, HIV/AIDS, & OTHER CHRONIC ILLNESS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets, Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 10 Activities & Total number of individuals employed in calendar year 2018 (Part V, line 2a) 303 5 Total number of volunteers (estimate if necessary) 19 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 4,100. **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 650,616. 242,704. 17,201,427. 18,031,954. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 158,200.127,809. 147,056. 141,327. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,574,185. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 18,126,908. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. О. Benefits paid to or for members (Part IX, column (A), line 4) 11,365,665. 12,197,942. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 7,408,406. 7,693,338. 17 Other expenses (Part iX, column (A), lines 11a-11d, 11f-24e) 18,774,071. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,891,280. -647,163.-1,317,095.19 Revenue less expenses. Subtract line 18 from line 12 70 Beginning of Current Year End of Year 38,831,401. 40,533,194. 20 Total assets (Part X, line 16) 9,291,284. 12,550,205. 21 Total liabilities (Part X, line 26) 29,540,117. 27,982,989. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return and account of the penalties of perjury, I declare that I have examined this return. drying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is ba nformation of which preparer has any knowledge. Signature of officer Sign YOLANDA ROBANO-GROSS, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name X Preparer's signature ELLEN M. LABITA, CPA Paid "self-employed P00140777 Firm's name BAKER TILLY VIRCHOW KRAUSE, 39-0859910 Preparer Firm's EIN Firm's address 125 BAYLIS ROAD SUITE 300 Use Only MELVILLE, NY 11747 Phone no. 631.752.7400 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Form	990 (2018) OPTIONS FOR COMMUNITY LIVING, INC 11-2612035 Page	2_
Pa	III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: SEE SCHEDULE O	
		******
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	orior Form 990 or 990-EZ?  f "Yes," describe these new services on Schedule O.	)
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	_
J	f "Yes," describe these changes on Schedule O.	,
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	evenue, if any, for each program service reported.	
4a	Code:) (Expenses \$5,722,742. including grants of \$\$), (Revenue \$6,396,821.	. )
	MENTAL HEALTH LICENSED PROGRAMS - UNDER THE AUSPICES OF THE NEW YORK STATE OFFICE OF MENTAL HEALTH, OPTIONS PROVIDES TRANSITIONAL HOUSING	
	WITH REHABILITATION SERVICES TO INDIVIDUALS WITH PSYCHIATRIC	—
	DISABILITIES. THE PROGRAM HAS THE CAPACITY TO SERVE 128 ADULTS AT FIVE	—
	GROUP HOMES, 20 SCATTERED LICENSED APARTMENT TREATMENT SITES AND A	
	FIVE-UNIT APARTMENT TREATMENT BUILDING.	_
		_
		—
		—
4b	Code:) (Expenses \$ 4,166,314. including grants of \$) (Revenue \$ 4,635,355.	
	MENTAL HEALTH SUPPORTIVE HOUSING SUPPORTIVE HOUSING SITES SCATTERED	
	ACROSS NASSAU AND SUFFOLK COUNTIES PROVIDE AFFORDABLE COMMUNITY HOUSING	
	FOR ADULTS RECOVERING FROM MENTAL ILLNESS. CASE MANAGERS PROVIDE	_
	REGULAR VISITS TO SUPPORT AND ENCOURAGE HEALTH, WELLNESS, STABILITY AND INDEPENDENCE. THE PROGRAM HAS THE CAPACITY TO SERVE 336 ADULTS AT 114	—
	SITES.	
		_
	Code: ) (Expenses \$ 3,805,123 · including grants of \$ ) (Revenue \$ 3,868,651 ·	<del>_</del>
4C .	Code:) (Expenses \$3,805,123. including grants of \$) (Revenue \$3,868,651.  ATC ("ACCESS TO CARE") - CARE COORDINATION. CARE MANAGEMENT SERVICES	_ }
	FOR MEDICAID ELIGIBLE ADULTS AND CHILDREN WITH COMPLEX MEDICAL,	_
	BEHAVIORAL, AND LONG TERM CARE NEEDS. AN OPTIONS' "CARE COORDINATOR"	_
	OVERSEES AND PROVIDES ACCESS TO ALL OF THE SERVICES AN INDIVIDUAL NEEDS	
	TO ASSURE THAT THEY RECEIVE EVERYTHING NECESSARY TO STAY HEALTHY, OUT	
	OF THE EMERGENCY ROOM AND OUT OF THE HOSPITAL. THE ATC CARE	_
	COORDINATION PROGRAM ASSISTS MORE THAN 1,400 LONG ISLANDERS ANNUALLY.	
		—
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	_
	Expenses \$ 3,893,196. including grants of \$ ) (Revenue \$ 3,131,127.)	
4e	Total program service expenses ► 17,587,375.	<u></u>
	Form <b>990</b> (201	(റ

Form 990 (2018) OPTIONS & OR
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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes, " complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, complete			
_	Schedule D, Part III	8_	,	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			٠,,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	i Tanan da	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.		1890.1	1/1/19/80
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	<del>                                     </del>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l		<b>.</b>
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII			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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	444		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 13	77	
124	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
-	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 a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	· · · ·		- <del></del>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	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		1	
	domestic government on Part iX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	X

Part IV | Checklist of Required Schedules (continued)

	. (55),67(55)	***	Yes	NI-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
ZZ	Part iX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Ĺ
đ	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			1
	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		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	ŀ		
	former officers, directors, trustees, key employees, highest compensated employees, or disgualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			-
00	of any of these persons? If "Yes," complete Schedule L, Part III	27	11.0.1	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	28a		Х
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
	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	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<sub>v</sub>
07	If "Yes," complete Schedule R, Part V, line 2	36	-	<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	-	
38	Note: All Forms 000 files and sometimed to consolide Orbital O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 56	1 **	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 113	12.15		140
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			202	

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Form 990 (2018) OPTIONS FOR 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,				<u> </u>				
	filed for the calendar year ending with or within the year covered by this return	2a	303						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C			3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other at								
	financial account in a foreign country (such as a bank account, securities account, or other financial ac			4a		х			
b	If "Yes," enter the name of the foreign country:		Â	11.1					
~	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR)						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		75-2-149.	5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	A.		5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit						
υa	any contributions that were not tax deductible as charitable contributions?	, y . e .	2169 218.	6a		x			
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	OUS O	niffs	- Ju					
D	were not tax deductible?		Auro	6b					
7	Organizations that may receive deductible contributions under section 170(c).	i Zil	j	0.5					
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen	vices s	roulded to the pource	7a		Х			
a		áineo t	novided to the payor:	7b					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		······	10					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is req	uirea	7-		X			
	to file Form 8282?	1		7c	ration ji s	^			
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10	7e		Х			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
•	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
_	sponsoring organization have excess business holdings at any time during the year?	•••••		8		1			
9	Sponsoring organizations maintaining donor advised funds			1. 1.4.1					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		┼			
b	Did the sponsoring organization make a distribution to a donor advisor, or related person?	•		9b	. 11 1 1.	ļ			
10	Section 501(c)(7) organizations. Enter:	١	1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1		1.3			
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:	l	1						
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	<del></del>	1		1			
	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form	1		12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					1 2 11			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<b></b>			
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ı						
	organization is licensed to issue qualified health plans	13b		1 11 11					
C	Enter the amount of reserves on hand	13c				1			
				14a		X.			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eО.		14b	ļ				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration	or						
	excess parachute payment(s) during the year?			15	<u> </u>	X			
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16	<u> </u>	X			
	If "Yes," complete Form 4720, Schedule O.			75.50					

OPTIONS FOR COMMUNITY LIVING, 11-2612035 Form 990 (2018) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Νo 10 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 in Schedule O. 10 b Enter the number of voting members included in 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 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х Did the organization have a written conflict of interest policy? If "No." go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director or management official 15a Х b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >NY 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 Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

11779

OPTIONS FOR COMMUNITY LIVING, INC. - (631)361-9020

25 HOWARD PLACE, RONKONKOMA, NY

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(C Posi	;) tion			(D)	(E)	(F)
Name and Title	Average hours per		not c	heck r	nore	than d		Reportable compensation	Reportable compensation	Estimated amount of
	week			d a di				from	from related	other
	(list any	actor						the	organizations	compensation
	hours for	ndividual trustee or director	8			Highest compensated employee		organization	) (W-2/1099-MISC)	from the
	related organizations	ustee	nstitutional trustee		es es	ubeus		(W-2/1099-MISC)		organization and related
•	below	galt	Itiona		Key employee	st cor	<u></u>			organizations
	line)	Indivi	institi	Officer	Key e	音音	Former			
(1) JODY BURKE, MSW	0.30	<b></b>					<u></u>	" - A LUCILIAN"		
PRESIDENT	1.50	X		X		A	Ž.	0.	0.	0.
(2) ALAN TILLINGHAST	0.30				4.	÷		A.,		
VICE PRESIDENT	1.50	X		Х	á, þ		14	0.	0.	0.
(3) MARK PINTO	0.30	•			4/2		S	***		
TREASURER - RESIGNED 6/2019	1.50	Х	i	X	<b>7</b> 47	ाड़ों-	800	0.	0.	0.
(4) JOANNE SHAPIRO	0.30		4	2,004		March Sanson				
SECRETARY	1.50	X	7	X		)		0.	0.	0.
(5) MATTHEW ARMANDI, CPA	0.30	4		19	A.					
DIRECTOR '	1.50	X	54	X				0.	0.	0.
(6) JEB BUNT	0.30		, N		,					
DIRECTOR	1.50	X	32				<u> </u>	0.	0.	0.
(7) MICHAEL MCCLAIN	∠030		5					_		
DIRECTOR	1.50	X	7			L		0.	0.	0.
(8) TAMIKA S. MENDOZA	0.30	9					1	1		
DIRECTOR	1.50	X	ļ		L			0.	0.	0.
(9) JUDY SIMONCIC, ESQ.	0.30	┨								•
DIRECTOR	1.50	X	ļ			<u> </u>		0.	0.	0.
(10) TOM YOUMAZZO	0.30	<b>↓</b>					ŀ			
DIRECTOR	1.50	X	<u> </u>	<del> </del>		ļ	<u> </u>	0.	0.	0.
(11) YOLANDA ROBANO-GROSS, LMSW, MHA	35.00	-						000 005	_	16 000
EXECUTIVE DIRECTOR	1.50	ļ		X			<u> </u>	230,235.	0.	16,887.
(12) KAREN SCHWARTZ	28.60	-			ļ		1	127 120	_	45 016
DIRECTOR OF FINANCIAL SERVICES	6.40	-	-	X		ļ	<u> </u>	137,439.	0.	45,016.
(13) GEORGIA KUHEN	35.00	-				,,,		124 050	_	45 245
PROGRAM DIRECTOR	0.00	_	-	_		X	<u> </u>	134,850.	0.	45,345.
(14) ALLISON COVINO	35.00	-				٠,,		122 164	_	21 (12
PROGRAM DIRECTOR	0.00					X	-	133,164.	0.	31,643.
(15) DENISE WATERHOUSE	35.00	-				**		110 700	^	22 1 5 0
DEVELOPMENT DIRECTOR	0.00				<u> </u>	X		119,720.	0.	22,150.
(16) LORI BARRAUD	35.00	1				77		114 051	0.	11 011
HR DIRECTOR	0.00	$\vdash$	-	-	$\vdash$	X	-	114,051.	U.	44,014.
(17) ROBIN SAYLES	35.00	-		1		~		107,030.	0.	35 102
PROGRAM DIRECTOR	0.00	1	1	<u> </u>		X	<u></u>	10/,030.	J .	35,123.

Par	VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			•	C)			(D)	(E)	l	(F)	
	Name and title	Average	(do		Pos heck		l than c	ne	Reportable	Reportable	1	Estimated	
		hours per	box	, unle	ss pe	rson i	is both or/trus	an	compensation	compensation		amount of	
		week (list any	$\vdash$	OGI W		1	1,000		from	from related	- 1	other	
		hours for	iece			l			the organization	organization (W-2/1099-MIS		compensatio	n
		related	200	tea			sated		(W-2/1099-MISC)	(88-2/3099-38118	<sup>50</sup> ,	from the organization	
		organizations	ruste	of trus		93	ub Be		(11 25 1000 101100)			and related	
		below	ndividual trustee or director	nstitutional trustee	_	nploy	st co	25				organization	3
		line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Роглег					
											,		
									A.				
		<u> </u>											
									144 144 233				
					<del> </del>					<u> </u>			
-								-				- Mariant	
								<b>∕</b> %	The state of the s				
						_	A	32   					
						d de		3					
1b	Sub-total	1	1	<u>.                                    </u>	<u> </u>	Viç.	4. (S.	<b>-</b>	976,489.		0.	240,178	3.
c	Total from continuation sheets to Part V	I. Section A			Attress Spain	250.Va	-1400 =3700		0.		0.		) .
	Total (add lines 1b and 1c)					3	war zaisaj	<b>&gt;</b>	976,489.		0.	240,178	
2	Total number of individuals (including but r					oove	a) ŵh	o re		,000 of reportable	9	•	
	compensation from the organization		1	( d	97	A	*. *.						7
			ing.		3.4								lo
3	Did the organization list any former officer		100	- C						mployee on			
	line 1a? If "Yes," complete Schedule J for s												Χ.
4	For any individual listed on line 1a, is the si	N 450 A		110 F						-			Ç.C
_	and related organizations greater than \$15											4 X	
5	Did any person listed on line 1a receive or	A A A A A A A	1.5							dual for services			<u>.                                    </u>
500	rendered to the organization? If "Yes." contion B. Independent Contractors	nolete Schedul	e <i>J f</i>	or si	uch	pers	on					5 2	X
1	Complete this table for your five highest co	mpoported inc	iono	ndo	nt o	ontr	doto	ra th	and received more than f	2100 000 of com	00000	ion from	*********
•	the organization. Report compensation for		-								perioa	NOT HOLL	
	(A)							-	(B)			(C)	
	Name and business	<del></del>							Description of s	services	С	ompensation	
	ER TILLY VIRCHOW KRAUS			_									_
PO	BOX 7398, MADISON, WI	53707-7	39	8					ACCOUNTING			112,400	<u>) .</u>
-		<del>,, , , , , , , , , , , , , , , , , , ,</del>							-				
	· · · · · · · · · · · · · · · · · · ·	991114-habbittimeshada da dina kanaban aka da Tara											
	Total number of independent contractors (	including hut n	ot II.	mita	d +~	the	ee lie	tod	above) who received -	iore than			23.5
	\$100,000 of compensation from the organi	-	Ot III	111111111111111111111111111111111111111	u lo		se ns 1	ı.⇔u	applied with tensional in	ισισ αιαει			

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	1 8	Federated campaigns	1a	22,529.				
Grants	ŀ	Membership dues						
و ق	,	Fundraising events	*********	,				
fts,	,		1d					
2.5		Government grants (contributions		89,508.				
Sins	2	All other contributions, gifts, grant		.,,,,,,,,				
it e	1		1 1	130,667.				
ē.		similar amounts not included abov		130,007.				
Contributions, Gifts, Grants and Other Similar Amounts	٩	Noncash contributions included in lines	•		242,704.			nerickup (files eige) Germanner
<u>O 6</u>		Total. Add lines 1a-1f			and the second second second second	45.00		
	_	WENTER THE TEST OF TAXABLE	ppogpass	Business Code		6 466 001		
<u>ic</u>	2 2	*********		623990	6,466,821.	6,466,821,	<u> </u>	
Program Service Revenue	l k	MENTAL HEALTH SUPPORTIV		623990	4,565,355.	4,565,355.	1. 1702a	
n S	C	ATC - CARE COORDINATION		623990	3,868,651,	3,868,651		
rar Sev	C	ATC - RESIDENTIAL SERVI		623990	2,042,190.	2,042,190.		
rog L	€	MAIN STREAM RENT VOUCHE		532000	1,065,429.	1,065,429.		
Δ.		All other program service reve		453310	23,508	23,508.		
	2	Total. Add lines 2a-2f			18,031,954			
	3	Investment income (including			W.			
		other similar amounts)			127,869	Section /		127,869.
	4	Income from investment of tax						
	5	Royalties	· <del>passassassassinassassass</del>	<u></u>	ÆL,			
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	k	Less: rental expenses						
	c	Rental income or (loss)		<b>A</b>	Tradit,		<b>网络安热类效果</b>	
	(	Net rental income or (loss)	************************		FER			
	7 a	Gross amount from sales of	(i) Securities	(ii) Other		ali Carrier de Artigo de Artigo. Alian a la magnior de Artigo.	CT-VARAGO SANGAZION	
		assets other than inventory	2,527,896.	<i>∱</i> ₹ 500₹				
	Ł	Less: cost or other basis						
		and sales expenses	2,498,065.	(°) \ \ 0.				
		Gain or (loss)	29,831.	500.				
		l Net gain or (loss)			30,331.			30,331.
		Gross income from fundraising						
une		including \$	<b>∕of</b>					
, ve		contributions reported on line	25-743	N Y				
ď		Part IV, line 18	C15[5					
Other Revenu	ŀ	Less: direct expenses	And the American	7				
ō		Net income or (loss) from fund		<b>•</b>		eligio de estacida		
		Gross income from gaming ac	=					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam					[] - 1	
		Gross sales of inventory, less	_		al Carles (1) and St. H.			
	10 2	and allowances						Albert A.
	L	Less: cost of goods sold						
					The street of a contract of		<u> </u>	<u> </u>
		Net income or (loss) from sales			Ballina and San	ntation and shall are	ta a Afrika ka mala mi Rahiji a a	ina ju manustus
	4 -	Miscellaneous Revenue MANAGEMENT FEES	<del>U</del>	Business Code 900099		<u> </u>		140 400
	11 a			900099	140,496.			140,496.
		MISCELLANEOUS INCOME		300033	831.			831.
	(							
		All other revenue			414 202		<u> </u>	
					141,327.	10.000.00	in which has a little for	
	12	Total revenue. See instructions			18 574 185	18 031 954	l 0.	1 299 527.

Sooti	on 501(c)(3) and 501(c)(4) organizations must comp	loto all columns. All othe	or organizatione must cor	nolota calumn (A)	***************************************
Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			прівсе соштіт (жу.	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				}
	trustees, and key employees	429,577.		429,577.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		,		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,873,899.	7,761,219	1,080,547.	32,133.
8	Pension plan accruals and contributions (include		400 540		0 467
	section 401(k) and 403(b) employer contributions)	283,303.	188,760.	92,076.	2,467. 4,059.
9	Other employee benefits	1,911,518.	1,631,091.		4,059.
10	Payroll taxes	699,645.	593,587.	103,571.	2,487.
11	Fees for services (non-employees):			j./ 	
а	Management				
þ	Legal	47,637.	39,320.	8,317.	
C	Accounting	102,100.	93,728.	7,994.	378.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	**			
f	Investment management fees		Time state		
g	Other. (If line 11g amount exceeds 10% of line 25,		S		
	column (A) amount, list line 11g expenses on Sch 0.)	449,057.	<b>418,755.</b>	30,222.	80.
12	Advertising and promotion	48, 47 /.	÷		
13	Office expenses	461,306.	392,992.	64,826.	3,488.
14	Information technology	1997			***************************************
15	Royalties				
16	Occupancy {	2,134,290.	2,115,462.	18,816.	12.
17	Travel	205,123.	199,368.	5,696.	59.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	137			
21	Payments to affiliates			<u> </u>	
22	Depreciation, depletion, and amortization	1,281,828.	1,233,438.	48,390.	
23	Insurance	178,988.	161,537.	17,345.	106.
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	RENTAL ASSIST & RELATED	1,562,164.	1,562,164.		
b	MAINTENANCE & REPAIRS	474,106.	456,108.	17,989.	9.
С	MINOR EQU, SUPPLIES, FOOD	440,546.	439,451.	1,095.	
d	MONEY MGMNT - CLIENTS	149,813.	149,813.		
е	All other expenses	206,380.	150,582.	52,695.	3,103.
25	Total functional expenses. Add lines 1 through 24e	19,891,280.	17,587,375.	2,255,524.	48,381.
26	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)		PARTITION		

Pai	ιx	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	1		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,584,166.	1	1,009,768.
	2	Savings and temporary cash investments	2,745,047.	2	2,999,854.
	3	Pledges and grants receivable, net		3	<del></del>
	4	Accounts receivable, net	1,247,432.	4	1,606,738.
	5	Loans and other receivables from current and former officers, directors,			
	•	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		<b>ે</b> 5	
	6	Loans and other receivables from other disqualified persons (as defined under		<b>100</b>	
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		20	
		employers and sponsoring organizations of section 501(c)(9) voluntary	A SAME		
		employees' beneficiary organizations (see instr). Complete Part II of Sch L	42464	6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9		202,007.	9	213,521.
	10a			3	
	IUa	basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b 14,857,986.	27 626 808	10c	30,038,483.
	11	Investments - publicly traded securities	4,596,406.	11	3,738,056.
	12	Investments - other securities. See Part IV, line 11	4,2,50,400.	12	3,730,030.
	13		San	13	
	14		Antiform.	14	
		Intangible assets	829,535.	15	926,774.
	15	Other assets. See Part IV, line 11	38,831,401.	16	40,533,194.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)  Accounts payable and accrued expenses	1,201,187.	17	945,000
	18	N. 10-50% N2	1,201,1071	18	745,000.
	19	Grants payable Deferred revenue	37,478.	19	928,489.
	20	Tax-exempt bond liabilities	37,470.	20	220, 200.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
	22	Loans and other payables to current and former officers, directors, trustees,		21	Grade transport god trai
les	~~	key employees, highest compensated employees; and disqualified persons.			
Liabilities		Complete Part II of Schedule L	acadoppraepers in a not been not be even buy en ou	22	The Art May Mark Committee of the Art Mark C
Ľ	23		3,728,094.	23	6,206,758.
	24	Unsecured notes and loans payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties	377207034.	24	0,200,730.
	25	Other liabilities (including federal income tax, payables to related third			
	20	parties, and other liabilities not included on lines 17:24). Complete Part X of			
	ĺ	Schedule D	4,324,525.	25	4,469,958.
	26	Total liabilities. Add lines 17 through 25	9,291,284.	26	12,550,205.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		. 20	
		complete lines 27 through 29, and lines 33 and 34.			
Çe	27	Unrestricted net assets	29,522,509.	27	27,941,918.
lan	28	Temporarily restricted net assets	17,608.	28	41,071.
Ba	29	Permanently restricted net assets		29	
pur		Organizations that do not follow SFAS 117 (ASC 958), check here			
F F		and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
sei	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	29,540,117.	33	27,982,989.
		Total liabilities and net assets/fund balances	38,831,401.	34	40,533,194.
	34	TOTAL REPUBLICA AND HEL ASSELS/TUNG DAIGHIGES	JU/UJI/#UI:	34	」「マンテンコンテエブ生・

	990 (2018) OPTIONS FOR COMMUNITY LIVING, INC	11-	-2612035	Pag	<sub>le</sub> 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,574		
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,891		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,317		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,540		
5	Net unrealized gains (losses) on investments	5	-240	0,03	33.
6	Donated services and use of facilities	6	71111 · · · · · · · · · · · · · · · · ·		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		1		
	column (B))	10	<u>ে 27,982</u>	2,98	<u> </u>
Pai	t XII Financial Statements and Reporting	}			
	Check if Schedule O contains a response or note to any line in this Part XII	<i></i>	,		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	<u>)</u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	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			Palifi Palifi	
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		चीनांदी.		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			(haiste)	7235
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au	tit   tit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# 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

OPTIONS FOR COMMUNITY LIVING,

Employer identification number

11-2612035 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) on section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. Assupporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization lister (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN in your governing documen (described on lines 1-10) organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 OPTIONS FOR COMMUNITY LIVING, INC.

| Part II | Support Schedule for Organizations Described in Sections 170/b/(1//A)/ Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or If the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						•
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					s	
	or expended on its behalf					(A)	
3	The value of services or facilities					**************************************	
	furnished by a governmental unit to				l .		
	the organization without charge						
4	Total. Add lines 1 through 3				APS		
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				New Year		
	amount shown on line 11,				Br. Stage Baseling		
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support			70/2			
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			48.			<b>w</b>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		7%				
	and income from similar sources		ATTENTION OF THE PARTY OF THE P				
9	Net income from unrelated business			3h			
	activities, whether or not the			<b>(*)</b>			
	business is regularly carried on			<u> </u>			w.e
10	Other income. Do not include gain	]					
	or loss from the sale of capital				1		
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons) 🧭			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ex year as a section	501(c)(3)	
~-	organization, check this box and stor			************	**********		<u></u>
	ction C. Computation of Publi	and the second second second				<del> </del>	
	Public support percentage for 2018 (I					14	%
	Public support percentage from 2017					15	<u>%</u>
16a	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2017. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-		rt VI how the organ	ization
	meets the "facts-and-circumstances"	•		, .,			
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the						F
	organization meets the "facts-and-circ		=				▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2018

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	tion A. Public Support		1000							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Gifts, grants, contributions, and		1-							
	membership fees received. (Do not									
	include any "unusual grants.")	1386457.	3797177.	711.018.	650,616.	242.704.	6787972.			
2	Gross receipts from admissions,			,		,				
2	merchandise sold or services per-									
	formed, or facilities furnished in					A				
	any activity that is related to the	12706041	14056010	1 = 01 0 = 04	17001407	10031054	70000000			
	organization's tax-exempt purpose	13796041.	14956912.	15919/24.	1/20142/	1803,1954.	79906058.			
3	Gross receipts from activities that				l di	Jana Jana				
	are not an unrelated trade or bus-			]	777.					
	iness under section 513					À				
4	Tax revenues levied for the organ-				Ó Á Sar	y .				
	ization's benefit and either paid to									
	or expended on its behalf					[} 				
5	The value of services or facilities			i i	AV YA	1 72				
•	furnished by a governmental unit to									
	the organization without charge			2015						
c		15182/98	1875/089	166307/2	17852043	1827/658	86694030.			
	Total. Add lines 1 through 5	1J102470.	TO 124002.	100307至21	E/032043.	102/4030.	00004030.			
/a	Amounts included on lines 1, 2, and			[ \ \%\alpha\			,			
	3 received from disqualified persons			**************************************	25,7 (S)		0.			
Ð	Amounts included on lines 2 and 3 received from other than disqualified persons that			<i>187</i>	]					
	exceed the greater of \$5,000 or 1% of the				[					
	amount on line 13 for the year					1	0.			
С	Add lines 7a and 7b		4	777.324			0.			
	Public support. (Subtract line 7c from line 6.)						86694030.			
	tion B. Total Support	,	AFFE							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
9	Amounts from line 6	15182498.	18754089.	16630742.	17852043.	18274658.	86694030.			
10a	Gross income from interest,		63, <i>69</i> 2	, T						
	dividends, payments received on			Í						
	securities loans, rents, royalties, and income from similar sources	93.839.	105,707.	112.924.	117,723.	127,869.	558,062.			
ь	Unrelated business taxable income	·		1						
	(less section 511 taxes) from businesses	As	N. P.							
	acquired after June 30, 1975									
_	Add lines 10a and 10b	93,839.	105,707.	112 924	117,723.	127,869.	558,062.			
	Net income from unrelated business	### ASI	200,7071	112/524.	111,725.	127,005.	330,002.			
• •	activities not included in line 10b,									
	whether or not the business is	V. 2. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4.								
40	regularly carried on	, etter (1975)								
12	Other income. Do not include gain or loss from the sale of capital	450 006	144 545	40 550	445 056	444 000				
	assets (Explain in Part VI.)	152,236.			147,056.					
13	Total support. (Add lines 9, 10c, 11, and 12.)	15428573.	<u> 19004439.</u>	<u>д6887434.</u>	<u> 18116822.</u>	<u> 18543854.</u>	<u>87981122.</u>			
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3) organiza	ation,			
	check this box and stop here			,.,			,, <b>&gt;</b>			
Sec	tion C. Computation of Publ	ic Support Per	centage		•					
15	Public support percentage for 2018 (	line 8, column (f), d	livided by line 13, o	column (f))	*********	15	98.54 <u>%</u>			
16	Public support percentage from 2017	' Schedule A, Part	III, line 15	***********		16	98.55 %			
Sec	ction D. Computation of Inves	stment Income	e Percentage							
17	Investment income percentage for 20	018 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	.63 %			
18	Investment income percentage from	2017 Schedule A,	Part III, line 17		********	18	.61 %			
	33 1/3% support tests - 2018. If the					3 1/3%, and line 1				
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization									
b	33 1/3% support tests - 2017. If the									
-	line 18 is not more than 33 1/3%, che	•								
20	Private foundation. If the organization									

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")?

  "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
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Par	t IV   Supporting Organizations (continued)			
		Ţ	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
			-	
300	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c	1	
Jec	tion b. Type I Supporting Organizations		1	
		2 % 2 . 02	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			harris.
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			7.4
	controlled the organization's activities. If the organization had more than one supported organization,			19 44 1 1 92
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	<b>- 超到</b> 19		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·		Yes	No
	Ways a majority of the experimentaria divertors by the place of place the toy year class a majority of the electric	1.5	res	INO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1. 4
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI flow control			
	or management of the supporting organization was vested in the same persons that controlled or managed	11 7-113	rii, e,	7
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	Vivi in the	Sie f	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Marikizi		Y
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		i
3	By reason of the relationship described in (2), did the organization's supported organizations have a		12.44	1 1 a. 1 <sub>2</sub>
3				
	significant voice in the organization's investment policies and indirecting the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_	1 1	
<u> </u>	supported organizations played in this regard.	3		
sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	;).		
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions)	,	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		<u> </u>
L	that these activities constituted substantially all of its activities.	Za	20.00	:-
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	11.1.1		<u> </u>
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1 1 2		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		7	4 - 4 -
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	ule A (Form 990 or 990-EZ) 2018 OPTIONS FOR COMMUNITY LIV			1-2612U35 Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting (	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	rust or	n Nov. 20, 1970 (explain in Pa	art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must comp	olete S	ections A through E.	
Sectio	n 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	1		
	maintenance of property held for production of income (see instructions)	6	di po-Mil per lama piki	<u> </u>
7	Other expenses (see instructions)	7	y CTUS.	
8 ,	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 ,	Aggregate fair market value of all non-exempt-use assets (see	2 1 P		
	nstructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b :		
	air market value of other non-exempt-use assets	1c	A.	
	Total (add lines 1a, 1b, and 1c)	1d	減	TOTAL
	Discount claimed for blockage or other		And the second s	
	factors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d	. 3		
	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1 .	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	income tax imposed in prior year	5		
	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-functionally i		ated Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

che	dule A (Form 990 or 990 EZ) 2018 OPT LUNS FOR CO	1-2612035 Page 7		
Par		a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose			
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			1-1-1-1-1-1-1
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.	>		
9	Distributable amount for 2018 from Section C, line 6	/A.S. T. E. S.	Ša.	
10	Line 8 amount divided by line 9 amount		.4775. . 60030333	····
		(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
secti	on E - Distribution Allocations (see instructions)	Pre-2018	Amount for 2018	
		. The state of the		
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
_	able cause required- explain in Part VI). See instructions.		ANTAL AND A	lgen og er et leggere. Fill de berede de bereke i gad. I de byskere i stære gerinde de beske begende er er
3	Excess distributions carryover, if any, to 2018			i en 1995 en 1912 en 1914 en 1 Notat en 1914
~	From 2013			
	From 2014			Marie e Vitale i jile kriji da dali. Para kara ili krija na jedeni krija da
	From 2015	**		
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount		long step 1 diplomatika patrici 1995. Na tipoto jiho sendopo akan setima	agya, gasi kasatayasa ngaya nyamai kayya barusian mbarbiya.
i	Carryover from 2013 not applied (see instructions)			e Proposition in the Common the Common to th
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years		galan Nga galas garas na kapadaka laga mis haka kabila.	
	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.	The matter and the first of the second of th	The control of the co	
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			ing graduus agegepti ili pelitigi (ili indone Juga pular esperima pili da tahlar ili bari
	Excess from 2014			Remarka veni insert Alimini Remarka perserina
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
_е	Excess from 2018	<ul> <li>In the property of the property o</li></ul>		

Schedule A (Form 990 or 990-EZ) 2018

Schodulo A (Earm 00)	n or 990.E7	 z)2018 OPT1UNS_F	OR COMMUNITY	LIVING. IN	 L 11	-2612035 Page 8
Part VI Supple Part IV, S line 1; Po Section	emental Section A, art IV. Sect	Information. Provide t lines 1, 2, 3b, 3c, 4b, 4c, 5 tion D, lines 2 and 3; Part I' 6, and 8; and Part V, Secti	the explanations require 5a, 6, 9a, 9b, 9c, 11a, 11 V. Section E, lines 1c, 2	d by Part II, line 10; Pa b, and 11c; Part IV, Se a, 2b, 3a, and 3b; Part	rt II, line 17a or 17b; I ection B, lines 1 and 2 V, line 1; Part V, Sect	Part III, line 12; l; Part IV, Section C, ion B, line 1e; Part V,
SCHEDULE A,	PART	III, LINE 12	, EXPLANATIO	N FOR OTHER	INCOME:	
MISCELLANEC	US IN	COME	holders on	MARIO WALLES CO.		
2014 AMOUNT	: \$	25,508.				
2015 AMOUNT	: \$	13,971.				
2016 AMOUNT	: \$	292.				
2017 AMOUNT		6,166.		-		•
2018 AMOUNT	T: \$	831.				
MANAGEMENT	FEES					
2014 AMOUNT	r: \$	126,728.				
2015 AMOUNT	r: \$	130,672.		<u> </u>		···
2016 AMOUNT	r: \$	143,476.			olu-	
2017 AMOUNT	ľ: \$	140,890.				
2018 AMOUNT	r: \$	140,496.		<u> </u>		
Washington and the second seco						
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# **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.

18 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OPTIONS FOR COMMUNITY LIVING,

Employer identification number 11-2612035

Pa	rt 📳 Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		橡
4	Aggregate value at end of year		VF - W VF - W VF - W
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		65 LW 53 1/2
	impermissible private benefit?		Yes No
Pai		anization answered "Yes" on Form 990	Part, IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a ce	ntified historic structure
	Preservation of open space	A A	
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	AL.	2b
c	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation easi	ement is located 🕨	<u>.</u>
5	Does the organization have a written policy regarding the peri	odić monitôring, inspection, handling o	f
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing co	nservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$	ey Y	
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	O(h)(4)(B)(i)
	1,000		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the organization's accounting for
	conservation easements.		M
Ра	rt III Organizations Maintaining Collections of		omer Similar Assets.
	Complete if the organization answered "Yes" on Form	ma	
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exh		rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	ublic 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		ial gain, provide
	the following amounts required to be reported under SFAS 11		
а	, , , , , , , , , , , , , , , , , , , ,		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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Par			·····							
3	Using the organization's acquisition, accession	on, and other record	s, check :	any of the f	following that	are a sig	nificant use of it	s collection	items	
	(check all that apply):									
а	Public exhibition	d	: L	oan or exc	hange progra	ams				
b	Scholarly research	e	. 🔲 c	Other						
C	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or	r receive donations o	of art, hist	torical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organi	zation's co	llection?			Yes	No_	
Par	TIV   Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered '	'Yes" on	Form 990, Part	IV, line 9, or		
<b></b>	reported an amount on Form 990, Par	•		· ·			Â			
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for co	ontributions	s or other ass	sets not i	ncluded 🔆			
			-				26,673	Yes	No	
h	on Form 990, Part X? Yes No  b If "Yes," explain the arrangement in Part XIII and complete the following table:									
U	b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount									
_	Designing halance						A c	Amoun		
C	Beginning balance					1.00	W F			
	Additions during the year				. 77	and the second second	**************************************			
e	e Distributions during the year									
1	f Ending balance 11f									
	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?									
	If "Yes," explain the arrangement in Part XIII.						-			
Par	Endowment Funds. Complete i	f the organization ar	nswered "	Yes" on Fo	[128193 E1	734.8				
		(a) Current year	( <b>b)</b> Pi	rior year	(c) Two yea	rs back	(d) Three years ba	ack <b>(e)</b> Four	years back	
1a	Beginning of year balance		ļ		Name of the second	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b	ontributions									
C										
d	Anna Service									
е										
	and programs			(B)						
f	Administrative expenses		STITUTE	<b>化配型面积</b>						
g	End of year balance		TARREST .	WW. 24. 72. 54.45						
2										
	a Board designated or quasi-endowment									
b	Permanent endowment	0%	<b>R</b> 400	-						
	Temporarily restricted endowment	%								
C	The percentages on lines 2a, 2b, and 2c sho	1000000								
٥-	Are there endowment funds not in the posse			ara bald a	nd administa	rad far th	a arganization			
38		ssign of the organiza	aliuii liial	ale lielu ai	na aammiste	red for th	e organización	[	Yes No	
	by:							0-(3)	Yes No	
	(i) unrelated organizations	45° A					***************************************		<del></del>	
	(ii) related organizations			.,				· · · · · · · · · · · · · · · · · · ·		
b	If "Yes" on line 3a(ii), are the related organiza	とわくこ アンプラグ			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV,	, lìne 11a. S	See Form 990	), Part X,	line 10,			
	Description of property	(a) Cost or o			t or other		ccumulated	(d) Boo	k value	
		basis (investi	ment)		(other)	de	preciation		<del> </del>	
1a	Land			9,95	6,197.				6,197 <b>.</b>	
b	Buildings			33,10	4,819.	13,	341,097.	19,76	3,722.	
С	Leasehold improvements			13	7,004.		89,489.	4	7,515.	
d										
	Other			1,69	8,449.	1,	427,400.	27	1,049.	
	. Add lines 1a through 1e. (Column (d) must e		X. colum				<b>&gt;</b>		8,483.	

Schedule D (Form 990) 2018

4,469,958. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ....... 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740), Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2018

218,382

(6) (7) (8) (9)

OTHER LIABILITIES

#### SCHEDULE J (Form 990)

**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.

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

2018

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

OPTIONS FOR COMMUNITY LIVING, INC

Employer identification number 11-2612035

Questions Regarding Compensation Part I 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. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account 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? Indicate which, if any, of the following the filing 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. Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee X Form 990 of other organizations 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? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 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 contingent on the revenues of: X 5a a The organization? X 5b Any related organization? If "Yes" on line 5a or 5b, describe in Part For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? X 6b b Any related organization? 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 X 7 not described on lines 5 and 6? if "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X 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 \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
. <b>(A)</b> Name and Title	÷	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) YOLANDA ROBANO-GROSS, IMSW, MHA	€	230,235.	0	0	15,600.	1,287.	247,122.	.0
EXECUTIVE DIRECTOR		0	0.	0.	0	.0	·① 《念	.0
(2) KAREN SCHWARTZ	ε	137,439.	0.	0.	14,593.	3.0,423.	182,455.	0
DIRECTOR OF FINANCIAL SERVICES	Ξ	0.0	• 0	0	*0*		0.	0
(3) GEORGIA KUHEN	Ξ	134,850.	0	0	14,388.	. 30,957.	180,195.	.0
PROGRAM DIRECTOR	Ξ		0.	0	<b>20</b> 2	.0	0.	.0
(4) ALLISON COVINO	Ξ	133,164.	0.	0	*0° ^	31,643.	164,807.	• 0
PROGRAM DIRECTOR	Ξ	0.0	.0	0	000	• 0	0	.0
(5) LORI BARRAUD	€	114,051.	0	0.0	12,332.	31,682.	158,065.	.0
HR DIRECTOR	€	0.0	0	0	· 0 2000000	• 0	• 0	.0
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Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Part III | Supplemental Information

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Schedule J (Form 990) 2018	
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DIRECTORS.	SOARD OF DIRECTORS.
THE COMMITTEE WAS DISCUSSED	THE DECISION MADE BY
SLENE	(ED
A AND OTHER QUANTITATIVE AND QUALITATIVE FACTORS WERE ALSO	COCAL AREA AND OTHER
LARIES OF CEO/EXECUTIVE DIRECTOR OF SIMILAR TYPE AND SIZE IN THE	TORK. SALARIES OF C
TIVE DIRECTOR SALARIES IN SIMILAR TYPE AND SIZE AGENCIES IN NEW	CEO/EXECUTIVE DIRECT
NON-PROFIT AGENCIES WAS REVIEWED TO IDENTIFY MEDIAN SALARIES OF	ION-PROFIT AGENCIES
AUDIT/FINANCE COMMITTE REVIEWS COMPENSATION. A COMPENSATION REPORT OF	THE AUDIT/FINANCE CO
INE 3:	PART I, LINE 3:
	The state of the s

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 Ն. 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

2018

Open to Public Inspection

Name of the organization

OPTIONS FOR COMMUNITY LIVING, INC

Employer identification number 11-2612035

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPTIONS FOR COMMUNITY LIVING, INC. ("OPTIONS") WAS INCORPORATED UNDER NEW YORK STATE LAW FOR THE PURPOSE OF PROVIDING RESIDENTIAL AND SUPPORT SERVICES TO PEOPLE WITH SPECIAL NEEDS THROUGH CASE MANAGEMENT OPTIONS ASSURES THAT FAMILIES AND INDIVIDUALS ARE OFFERED THE COMMUNITY RESOURCES ESSENTIAL TO INDEPENDENT LIVING AND SELF-SUFFICIENCY. OPTIONS IS A MULTIFACETED AGENCY, WITH PROGRAMS SERVING ADULTS DISABLED BY MENTAL ILLNESS, INDIVIDUALS AND FAMILIES WITH HIV/AIDS AND OTHER CHRONIC ILLNESS. OPTIONS' PRIMARY SOURCES OF FUNDING ARE FEES PAID BY CONTRACTS WITH THE NEW YORK STATE OFFICE OF MENTAL HEALTH AND MEDICAID. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ATC - RESIDENTIAL SERVICES - PROVIDES HOUSING AND HOUSING SERVICES FOR OPTIONS OPERATES 69 UNITS OF LONG-TERM PEOPLE LIVING WITH HIV/AIDS. AFFORDABLE SUPPORTIVE HOUSING FOR INDIVIDUALS AND FAMILIES WITH LOW INCOMES, LIVING WITH HIV/AIDS AND ARE HOMELESS OR INAPPROPRIATELY TENANTS PAY AN AFFORDABLE RENT BASED ON INCOME. SUPPORTIVE HOUSED. SERVICES ENSURE ACCESS TO CARE SAFETY, STABILITY AND WELLBEING. SUPPORTIVE HOUSING IS ONE OF THE MOST SUCCESSFUL (AND COST-EFFECTIVE) INTERVENTIONS EVER DEVISED TO END HOMELESSNESS AMONG THE MOST VULNERABLE POPULATIONS. EXPENSES \$ 2,787,087. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,042,190. MAINSTREAM RENT VOUCHERS REVENUE \$ 1,065,429. EXPENSES \$ 1,073,012. INCLUDING GRANTS OF \$ 0.

Employer identification number 11-2612035

THRIFT SHOP

EXPENSES \$ 33,097. INCLUDING GRANTS OF \$ 0. REVENUE \$ 23,508.

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

THE DIRECTOR OF FINANCIAL SERVICES HAS REVIEWED THE FORM 990 FOR ACCURACY

BEFORE FILING. THE FORM 990 IS PROVIDED TO A MEMBER OF THE AUDIT FINANCE

COMMITTEE TO READ AND PROVIDE COMMENTS, WHERE NECESSARY: A COPY OF THE

FORM 990 IS PROVIDED TO THE BOARD BEFORE FILING WITH THE IRS.

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

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

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

15A) THE AUDIT/FINANCE COMMITTEE REVIEWS COMPENSATION. A COMPENSATION
REPORT OF NON-PROFIT AGENCIES WAS REVIEWED TO IDENTIFY MEDIAN SALARIES OF
CEO/EXECUTIVE DIRECTOR SALARIES IN SIMILAR TYPE AND SIZE AGENCIES IN NEW
YORK. SALARIES OF CEO/EXECUTIVE DIRECTOR OF SIMILAR TYPE AND SIZE IN THE
LOCAL AREA AND OTHER QUANTITATIVE AND QUALITATIVE FACTORS WERE ALSO
ANALYZED TO DETERMINE THE REASONABLENESS OF THE EXECUTIVE DIRECTOR SALARY.
THE DECISION MADE BY THE COMMITTEE WAS DISCUSSED AND APPROVED BY THE FULL
BOARD OF DIRECTORS.

15B.)THE PROCEDURE DETERMINED ABOVE WAS ALSO USED FOR DETERMINING COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES.

Name of the organization OPTIONS FOR COMMUNITY LIVING, INC	Employer identification number 11 – 2612035
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT (	OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	JEST.
	<u> </u>
	<u> </u>
	The state of the s
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

2018

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number 11-2612035

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

INC

COMMUNITY LIVING

OPTIONS FOR

( <del>)</del> )	Direct controlling entity		The state of the s	##**			A CONTRACTOR OF THE CONTRACTOR		elated tax-exempt
(e)	End-of-year assets								se it had one or more n
(P)	Total income								ırt IV, line 34, becaus
(0)	Legal domicile (state or foreign country)								if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt
(p)	Primary activity	, included the control of the contro	The second secon		LEU MARTIN DA LA TRANSPORTATION DE LA TRANSPORTATIO				ions. Complete if the organization ans
(a)	Name, address, and EIN (if applicable) of disregarded entity				The state of the s	300440		,	Part II Identification of Related Tax-Exempt Organizations. Complete

organizations during the tax year.

0700 1000		- 0					
×		NOT APPLICABLE	LINE 10	501(C)(3)	NEW YORK	MENTAL ILLNESS.	RONKONKOMA, NY 11779
						PERSONS WITH CHRONIC	25 HOWARD PLACE
				,,	-	TO PROVIDE HOUSING FOR	OCL PROPERTIES III WEST, INC - 11-3368465
×		NOT APPLICABLE	LINE 10	501(c)(3)	NEW YORK	MENTAL ILLNESS.	RONKONKOMA, NY 11779
		,				PERSONS WITH CHRONIC	25 HOWARD PLACE
						TO PROVIDE HOUSING FOR	OCL PROPERTIES III EAST, INC - 11-3368464
×		NOT APPLICABLE	LINE 10	501(C)(3)	NEW YORK	MENTAL ILLNESS.	RONKONKOMA, NY 11779
						PERSONS WITH CHRONIC	25 HOWARD PLACE
						TO PROVIDE HOUSING FOR	OCL PROPERTIES II, INC - 11-3317612
×		NOT APPLICABLE	LINE 10	501(C)(3)	NEW YORK	MENTAL ILLNESS.	RONKONKOMA, NY 11779
						PERSONS WITH CHRONIC	25 HOWARD PLACE
						TO PROVIDE HOUSING FOR	OCL PROPERTIES, INC - 11-3265927
No	Yes		501(c)(3))				
entitly?	e.	entity	status (if section	section	foreign country)		of related organization
controlled	con	Direct controlling	Public charity	Exempt Code	ී Legal domicile (state or	Primary activity	Name, address, and EIN
(g) Section 519(h)(13)	, in	<b>(</b> )	0	<b>(</b> G	(0)	(a)	(a)

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

Schedule R (Form 990) 2018

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled organization? Yes No
OCL PROPERTIES IV, INC - 11-3413120 25 HOWARD PLACE RONKONKOMA, NY 11779	TO PROVIDE HOUSING FOR PERSONS WITH CHRONIC MENTAL LILINESS.	NEW YORK	501(C)(3)	LINE 10	NOT APPLICABLE	×
OCL PROPERTIES V, INC - 11-3470463  25 HOWARD PLACE RONKONKOMA, NY 11779	TO PROVIDE HOUSING FOR PERSONS WITH CHRONIC MENTAL ILLINESS,	NEW YORK	501(C)(3)	LINE 10	NOT APPLICABLE	×
OCL PROPERTIES VI, INC - 11-3534602 25 HOWARD PLACE RONKONKOMA, NY 11779	TO PROVIDE HOUSING FOR PERSONS WITH CHRONIC MENTAL ILLINESS,	NEW YORK	501(d) (3)	TNE 10	NOT APPLICABLE	×
OCL PROPERTIES VII, INC - 11-3592171 25 HOWARD PLACE RONKONKOMA, NY 11779	TO PROVIDE HOUSING FOR PERSONS WITH CHRONIC MENTAL ILINESS.	NEW YORK	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	LINE 10	NOT APPLICABLE	×
OCL PROPERTIES VIII, INC - 65-1177555 25 HOWARD PLACE RONKONKOMA, NY 11779	TO PROVIDE HOUSING FOR PERSONS WITH CHRONIC MENTAL ILINESS.	NBW YORK	501(c)(3)	LINE 10	NOT APPLICABLE	×
OCL PROPERTIES IX, INC - 54-2144418 25 HOWARD PLACE RONKOMA, NY 11779	TO PROVIDE HOUSING FOR PERSONS WITH CHRONIC MENTAL ILLNESS.	IBW YORK	501(C)(3)	LINE 10	NOT APPLICABLE	×
OCL PROPERTIES X, INC - 59-3834344 25 HOWARD PLACE RONKONKOMA, NY 11779	TO PROVIDE HOUSING FOR PERSONS WITH CHRONIC MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 7	NOT APPLICABLE	X
OCL PROPERTIES XI, INC - 11-3799182 25 HOWARD PLACE RONKONKOMA, NY 11779	TO PROVIDE HOUSING FOR PERSONS WETH CHRONIC	YORK	501(C)(3)	LINE 10	NOT APPLICABLE	×
OCL PROPERTIES XII, INC - 11-3799179 25 HOWARD PLACE RONKONKOMA, NY 11779	HO PROVIDE HOUSING FOR PERSONS WITH CHRONIC MENTAL LILINESS.	NEW YORK	501(C)(3)	LINE 10	NOT APPLICABLE	×
OCL PROPERTIES XIII, INC - 13-4368171 25 HOWARD PLACE RONKONKOMA, NY 11779	TO PROVIDE HOUSING FOR PERSONS WITH CHRONIC MENTAL ILLINESS.	NEW YORK	501(C)(3)	LINE 10	NOT APPLICABLE	×
OCL PROPERTIES XIV, INC - 30-0537992 25 HOWARD PLACE RONKOMKOMA, NY 11779	TO PROVIDE HOUSING FOR PERSONS WITH CHRONIC MENTAL ILLNESS.	NEW YORK	501(C)(3)	LINE 7	NOT APPLICABLE	×
OCL PROPERTIES XV, INC - 45-5408337 25 HOWARD PLACE RONKONKOMA, NY 11779	TO PROVIDE HOUSING FOR PERSONS WITH CHRONIC MENTAL ILLINESS.	NEW YORK	501(C)(3)	LINE 7	NOT APPLICABLE	×

Schedule R (Form 990) 2018 OPTIONS FOR COMMUNITY LIVING, INC

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Predominant income		(f) Share of total	(g) Share of		(h) Disproportionate	(i) Code V-UBI		or Perce	(k) Percentage
of related organization	,	(state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)		income	end-of-year assets	-	ions? No	amount in box 20 of Schedule K-1 (Form 1065)	nx managing le partner? 15) Yes No	own	ownership
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	ganizations Taxable ar poration or trust durin	as a Corpoi ng the tax y	2000	omplete if the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	answered "Ye	s" on Form 99	30, Part IV	', line 34,	because it ha	d one or	nore rel	ated
(e)			(q)	(e)	(P)			(£)			(H)		<u> </u>
Name, address, and EIN of related organization	<b>∠</b> c	Prim	Primary activity	<b>≙</b> 2	Direct controlling entity	ing Type of entity (C corp, S corp,		Share of total income		Share of end-of-year	Percentage ownership		512(b)(13) controlled entity?
		C		country)		5	deb			23000	***************************************	Υes	ŝ
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related organizations listed in F	Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a ⊠
b Gift. grant. or capital contribution to related organization(s)			1b X
Gitt grant or canital contribution from related organization(s)			1c
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			1e 🛧
E Dividende fance en la fance en entre fan en			*
DIVIDERIUS HOLL RELATED OLGARIZATION (S)			1
g Sale of assets to related organization(s)			1g ×
h Purchase of assets from related organization(s)			1h 🛚 🗙
Exchange of assets with related organization(s)			į.
Lease of facilities, equipment, or otner assets to related organization(s)			47
k Lease of facilities, equipment, or other assets from related organization(s)			×
l Performance of services or membership or fundraising solicitations for related organization(s)	(5)		×
M. Derformance of sequines or membership or fundasising solicitations by related organization(s)			-th
	大学は一般などので		×
n Shanng of Tachines, equipment, mailing lists, of other assets with related organization(s)			77 111
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			10 X
			×
p heimbursement paid to related organization(s) for expenses			
q Reimbursement paid by related organization(s) for expenses			1g A
r Other transfer of cash or property to related organization(s)			<del>*</del>
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		×
o Outer transier of cash of property holl refaced organizationals			
2 If the answer to any of the above is "Yes," see the instructions for information on who must c	who must complete this line, including covered relationships and transaction thresholds.	tionships and transaction thresholds.	
(a) Name of related organization	(b) (c) Transaction Amount involved	(d) Method of determining amount involved	olved
ad/s	e (a-s)	the state of the s	
(F)			
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(3)			
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

Name, actions, and ENA Primary activity Legal action for protecting in Pagaminania (1994) (19	(a) (b) (c) (d)	(q)	(၁)	(p)	(e)	(J)	(B)	(F)	()	9	闭
Section S (2-5-5) 4 year (10-5-5) (10-5	Name, address, and EIN of entity		Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	Are all partners sec 501 (c)(3) orgs.?			Dispropor- tionate allocations'	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	Percentage ownership
		Alique de minima de la constantina del constantina de la constantina del constantina de la constantina		sections 512-514)	Yes No			Yes No	(Form 1065)	Yes No	Ì
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