

Form 990
 (Rev. January 2020)
 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.

OMB No 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASPIRE LIVING & LEARNING, INC.		D Employer identification number 03-0284103
	Doing business as		E Telephone number 802-229-9515
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 81,193,710.
	PO BOX 1249		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code MONTPELIER, VT 05601-1249		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer LOUIS GIRAMMA PO BOX 1249, MONTPELIER, VT 05601-1249			H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ALLINC.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1981 M State of legal domicile VT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	TO PROVIDE RESIDENTIAL, DAY, VOCATIONAL, EDUCATIONAL, DIAGNOSTIC AND CONSULTING SERVICES TO		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1562	
	6	Total number of volunteers (estimate if necessary)	6	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	66,685.	51,551.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73,166,374.	78,001,102.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	277,790.	1,450,273.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,252.	546,039.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	73,521,101.	80,048,965.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	50,973,067.	53,956,715.	
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d and 12a-12d)	135,425.		
	18	Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	24,542,625.	24,557,548.	
	19	Revenue less expenses - Subtract line 18 from line 12	75,515,692.	78,514,263.	
	20	Total assets (Part X, line 16)	<1,994,591.>	1,534,702.	
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year	
	22	Net assets or fund balances - Subtract line 21 from line 20	23,337,824.	24,514,153.	
			13,380,761.	13,022,388.	
			9,957,063.	11,491,765.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	11-10-20
	LOUIS GIRAMMA, CEO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	CONNIE FELLION	<i>Connie Fillion</i>	11/12/20
	Firm's name ▶ MCSOLEY MCCOY & CO.	Firm's EIN ▶ 03-0327374	Check if self-employed <input type="checkbox"/> PTIN P01875413
	Firm's address ▶ 118 TILLEY DRIVE, STE. 202 SOUTH BURLINGTON, VT 05403	Phone no. (802) 658-1808	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED MAR 16 2022

0423235246 AUG 20 2021

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission

AT THE INSTITUTE OF PROFESSIONAL PRACTICE, WE BUILD STRONG COMMUNITIES BY EMPOWERING INDIVIDUALS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 41,787,098. including grants of \$) (Revenue \$ 48,664,048.)
SUPPORTS FOR ADULTS - COMMUNITY BASED LONG-TERM/RESIDENTIAL SUPPORTS

ASPIRE LIVING & LEARNING SUPPORTS THE RESIDENTIAL NEEDS OF INDIVIDUALS LIVING WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES AND/OR BEHAVIORAL HEALTH CONCERNS. SUPPORTS ARE WIDE RANGING AND COMMUNITY BASED. ASPIRE LIVING & LEARNING STRIVES TO PROVIDE EXCELLENT PERSON-CENTERED RESIDENTIAL SUPPORTS.

4b (Code) (Expenses \$ 9,852,733. including grants of \$) (Revenue \$ 9,145,405.)
SUPPORTS FOR ADULTS - DAY AND EMPLOYMENT SUPPORT OPTIONS

ASPIRE LIVING & LEARNING SUPPORTS ADULTS WHO ARE INTERESTED IN EMPLOYMENT OR OTHER COMMUNITY BASED OPPORTUNITIES FOR VOLUNTEERING, CIVIC ENGAGEMENT, SOCIALIZATION, EDUCATION, ETC. THROUGH A PERSON-CENTERED APPROACH, INDIVIDUALS RECEIVE THE SUPPORT NECESSARY TO REACH THEIR UNIQUE GOALS.

4c (Code) (Expenses \$ 8,830,538. including grants of \$) (Revenue \$ 10,434,662.)
SUPPORTS FOR CHILDREN - EDUCATIONAL SERVICES

ASPIRE LIVING & LEARNING EDUCATES CHILDREN AGED 3 TO 22 TO REACH THEIR FULL POTENTIAL. WHETHER AT ONE OF ASPIRE'S SPECIAL EDUCATION SCHOOLS OR THROUGH CONSULTATION SERVICES AT PUBLIC SCHOOLS, CHILDREN WITH AN AUTISM SPECTRUM DISORDER DIAGNOSIS, DEVELOPMENTAL DISABILITIES AND/OR BEHAVIOR CHALLENGES RECEIVE HIGHLY INDIVIDUALIZED EDUCATIONAL SERVICES, IN A SETTING THAT BEST WORKS FOR THEM TO ACHIEVE THEIR GOALS.

4d Other program services (Describe on Schedule O)

(Expenses \$ 10,897,891. including grants of \$) (Revenue \$ 11,751,157.)

4e Total program service expenses 71,368,260.

JABDLO

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b 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		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	X	
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1562
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter		
a 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	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	8	
b Enter the number of voting members included on line 1a, above, who are independent	8	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
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?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MA, NH, MD, CT, VT**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
ERICA HARE CFO - 802-229-9515
PO BOX 1249, MONTPELIER, VT 05601

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL CHATER CHAIRMAN	0.00	X						0.	0.	0.
(2) CHRISTOPHER BOND DIRECTOR	0.00	X						0.	0.	0.
(3) HEATHER HIGDON DIRECTOR	0.00	X						0.	0.	0.
(4) JOSHUA MELLO DIRECTOR	0.00	X						0.	0.	0.
(5) LARCINA CARRINGTON WYNN DIRECTOR	0.00	X						0.	0.	0.
(6) ROBERT SHIEL SECRETARY	0.00	X						0.	0.	0.
(7) SUSAN SHECKLEY DIRECTOR	0.00	X						0.	0.	0.
(8) CHRIS MEEHAN DIRECTOR	0.00	X						0.	0.	0.
(9) LOUIS GIRAMMA CHIEF EXEC. OFFICER	40.00			X				205,453.	0.	10,693.
(10) STEVE SCHUTLZ CHIEF PEOPLE OFFICER	40.00			X				168,185.	0.	7,162.
(11) LISA LAURETANO CHIEF PROGRAM OFFICER	40.00			X				137,069.	0.	3,337.
(12) ERICA HARE CHIEF FINANCIAL OFFICER	40.00			X				92,837.	0.	1,831.
(13) JUDITH PARRISH CHIEF ADVANCEMENT OFFICER	40.00			X				129,570.	0.	9,356.
(14) ZBIGNIEW GOLONKA PHD CT DIRECTOR OF BEHAVIOR SE	40.00				X			174,843.	0.	6,589.
(15) LINDA SCALA MS CT DIRECTOR OF HUMAN RESOU	40.00				X			157,134.	0.	4,867.
(16) LIZ SELLINGER CT PROGRAM DIRECTOR	40.00				X			156,894.	0.	7,348.
(17) PAUL KEENE CT STATE DIRECTOR	40.00				X			172,739.	0.	7,115.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LE'ANN MILLINDER NH STATE DIRECTOR	40.00					X		137,508.	0.	8,196.
(19) SANDRA V CHILTON MD STATE DIRECTOR	40.00					X		144,864.	0.	8,546.
(20) LISA RIGGI CT SCHOOL PRINCIPAL	40.00					X		148,668.	0.	3,181.
(21) DAVE GALLAWAY CT PROGRAM DIRECTOR	40.00					X		146,559.	0.	6,672.
(22) LOIS NIAL FORMER CFO	40.00						X	106,812.	0.	4,170.
(23) MELODIE J PEET MPH FORMER CT STATE DIRECTOR	40.00						X	194,562.	0.	3,639.
(24) SCOTT SCHULMAN FORMER IT DIRECTOR	40.00						X	171,213.	0.	9,696.
(25) SUSAN SCZERZENIE FORMER QA DIRECTOR	40.00						X	147,597.	0.	4,934.
1b Subtotal								2,592,507.	0.	107,332.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,592,507.	0.	107,332.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ROBIN THAPA DBA SUMMIT NH 15 COURTNEY LANE, NASHUA, NH 03062	DAY PROGRAM PROVIDER	690,723.
DDN CONSULTING SERVICES LLC PO BOX 185010, HAMDEN, CT 06518	NURSING & DIETARY SERVICES	440,764.
JAMES ZYGMONT DBA ZYG 11 PINE STREET, TRUMBULL, CT 06611	IT CONSULTING	262,336.
CONSTELLATION SCHOOL BASED THERAPY, LLC 14 WESTPORT AVE, NORWALK, CT 06851	THERAPY SERVICES	147,301.
GONZALEZ CONSTRUCTION, LLC 25 COLUMBUS AVE, MERIDEN, CT 06451	CONTRACTING SERVICES	138,283.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	51,551.			
	g	Noncash contributions included in lines 1a-1f	1g \$				
	h	Total. Add lines 1a-1f		51,551.			
Program Service Revenue				Business Code			
	2 a	ADULT SUPPORT - LONG-TERM/RESIDEN	623000	46,836,860.	46,836,860.		
	b	CHILDREN SUPPORT - EDUCATIONAL	611710	10,383,668.	10,383,668.		
	c	ADULT SUPPORT - DAY AND EMPLOYMEN	624310	9,089,964.	9,089,964.		
	d	CHILDREN SUPPORT - BEHAVIORAL	611710	6,846,915.	6,846,915.		
	e	CHILDREN SUPPORT - FOSTER	623000	4,843,695.	4,843,695.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		78,001,102.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,142.			2,142.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	6a	2,200.					
	b	Less rental expenses	6b	13,629.			
	c	Rental income or (loss)	6c	<11,429.>			
	d	Net rental income or (loss)		<11,429.>	<11,429.>		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	7a	2,579,247.					
	b	Less cost or other basis and sales expenses	7b	1,131,116.			
	c	Gain or (loss)	7c	1,448,131.			
	d	Net gain or (loss)		1,448,131.	1,448,131.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a				
	b	Less direct expenses	8b				
	c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
	11 a	MISC. INCOME	110000	438,023.	438,023.		
	b	ACTUARIAL GAIN	900099	119,445.	119,445.		
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		557,468.			
12	Total revenue. See instructions		80,048,965.	79,995,272.	0.	2,142.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,800,272.	659,322.	1,140,950.	
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	40,379,253.	37,428,803.	2,916,555.	33,895.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	366,338.	296,581.	69,757.	
9 Other employee benefits	8,300,511.	7,558,764.	735,970.	5,777.
10 Payroll taxes	3,110,341.	2,781,315.	328,949.	77.
11 Fees for services (nonemployees)				
a Management				
b Legal	306,986.	152,250.	140,979.	13,757.
c Accounting	98,071.	7,699.	90,372.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	12,183,107.	12,078,470.	42,541.	62,096.
12 Advertising and promotion	225,020.	188,994.	33,335.	2,691.
13 Office expenses	334,710.	229,977.	104,656.	77.
14 Information technology	971,450.	644,257.	320,208.	6,985.
15 Royalties				
16 Occupancy	3,984,198.	3,639,319.	344,879.	
17 Travel	586,592.	516,011.	68,383.	2,198.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	440,681.	308,110.	132,571.	
20 Interest	284,887.	180,030.	104,807.	50.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,017,241.	861,724.	155,517.	
23 Insurance	931,343.	910,591.	19,875.	877.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VEHICLE EXPENSES	1,092,955.	1,030,918.	56,182.	5,855.
b SPECIFIC ASSISTANCE TO	1,069,891.	1,068,487.	1,154.	250.
c TELEPHONE	591,639.	488,482.	102,251.	906.
d EXPENDABLE FURNISHINGS	181,663.	172,088.	9,575.	
e All other expenses	257,114.	166,068.	91,112.	<66.>
25 Total functional expenses. Add lines 1 through 24e	78,514,263.	71,368,260.	7,010,578.	135,425.
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)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	635,554.	2	1,210,554.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	7,646,224.	4	9,230,203.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	-	5	-
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	-	6	-
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	345,680.	9	404,124.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 21,677,770.		
	b Less: accumulated depreciation	10b 9,101,763.	10c	12,576,007.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	10,675.	14	0.
	15 Other assets. See Part IV, line 11	1,512,390.	15	1,093,265.
16 Total assets. Add lines 1 through 15 (must equal line 33)	23,337,824.	16	24,514,153.	
Liabilities	17 Accounts payable and accrued expenses	8,037,691.	17	7,298,436.
	18 Grants payable		18	
	19 Deferred revenue	372,307.	19	919,544.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	-	22	-
	23 Secured mortgages and notes payable to unrelated third parties	4,745,101.	23	4,648,840.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	225,662.	25	155,568.
	26 Total liabilities. Add lines 17 through 25	13,380,761.	26	13,022,388.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		9,957,063.	27	10,990,900.
28 Net assets with donor restrictions			28	500,865.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		9,957,063.	32	11,491,765.
33 Total liabilities and net assets/fund balances	23,337,824.	33	24,514,153.	

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Part XI Reconciliation of Net AssetsCheck 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	80,048,965.
2	Total expenses (must equal Part IX, column (A), line 25)	2	78,514,263.
3	Revenue less expenses Subtract line 2 from line 1	3	1,534,702.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,957,063.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,491,765.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47,782,755.	47,234,254.	46,544,797.	63,443,097.	67,602,045.	272,606,948.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	363,000.	363,000.	363,000.	363,000.	363,000.	1,815,000.
4 Total. Add lines 1 through 3	48,145,755.	47,597,254.	46,907,797.	63,806,097.	67,965,045.	274,421,948.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						274,421,948.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	48,145,755.	47,597,254.	46,907,797.	63,806,097.	67,965,045.	274,421,948.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,522.	24,311.	35,409.	31,997.	4,342.	114,581.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)		2,838.	1,121.	12,456.	557,472.	573,887.
11 Total support. Add lines 7 through 10						275,110,416.
12 Gross receipts from related activities, etc. (see instructions)					12	102,253,754.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.75	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.96	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2019

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

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

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c 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.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions.	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2019

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

PART II, LINE 1 AND LINE 12

PUBLIC SUPPORT IN 2019 TOTALING \$67.9M INCLUDES SUPPORT RECEIVED FROM
LOCAL GOVERNMENTAL UNITS (PRIMARYLY PUBLIC SCHOOL DISTRICTS) TOTALING
\$15.1M.

PUBLIC SUPPORT IN 2018 TOTALING \$63.8M INCLUDES SUPPORT RECEIVED FROM
LOCAL GOVERNMENTAL UNITS (PRIMARYLY PUBLIC SCHOOL DISTRICTS) TOTALING
\$16.3M.

THIS SOURCE OF PUBLIC SUPPORT WAS INADVERTENTLY OMITTED IN PRIOR YEARS,
WHICH EXPLAINS WHY PUBLIC SUPPORT IN PRIOR YEARS WAS REPORTED AT
\$46M-\$48M.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019Open to Public
Inspection

Name of the organization

ASPIRE LIVING & LEARNING, INC.

Employer identification number

03-0284103

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

Schedule D (Form 990) 2019

932051 10-02-19

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ 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 receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,244,434.		3,244,434.
b Buildings		14,699,475.	7,303,435.	7,396,040.
c Leasehold improvements		1,725,261.	361,689.	1,363,572.
d Equipment		1,577,596.	1,079,717.	497,879.
e Other		431,004.	356,922.	74,082.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)				12,576,007.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POSTRETIREMENT HEALTH	
(3) BENEFITS	155,568.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

155,568.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements	1	80,425,594.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	363,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	13,629.
e	Add lines 2a through 2d	2e	376,629.
3	Subtract line 2e from line 1	3	80,048,965.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	80,048,965.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements	1	78,890,892.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	363,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	13,629.
e	Add lines 2a through 2d	2e	376,629.
3	Subtract line 2e from line 1	3	78,514,263.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	78,514,263.

Part XIII Supplemental Information.

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

PART X, LINE 2:

FASB ASC 740, INCOME TAXES, REQUIRES ENTITIES TO DISCLOSE IN THEIR FINANCIAL STATEMENTS THE NATURE OF ANY UNCERTAINTY IN THEIR TAX POSITIONS. FOR TAX EXEMPT ENTITIES, TAX-EXEMPT STATUS ITSELF IS DEEMED TO BE AN UNCERTAINTY, AS EVENTS COULD POTENTIALLY OCCUR TO JEOPARDIZE THEIR TAX EXEMPT STATUS. MANAGEMENT BELIEVES THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS. THE ORGANIZATION IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR THE TAX YEARS ENDED JUNE 30, 2019, 2018, AND 2017.

SCHEDULE D, PART XI, LINE 2D - OTHER

VARIOUS RENTAL EXPENSES FROM FORM 990, PART VIII, LINE 6B OF \$13,629 ARE SHOWN AS EXPENSES ON THE AUDIT AND ARE REQUIRED TO REDUCE RENTAL REVENUE

Part XIII Supplemental Information (continued)

ON THE FORM 990.

SCHEDULE D, PART XII, LINE 2D - OTHER

EXPENSES OF \$13,629 ATTRIBUTABLE TO GROSS RENTS ARE DEDUCTED IN STATEMENT
OF REVENUE, PART VIII, LINE 6D AND THEREFORE ARE NOT SHOWN IN PART IX
STATEMENT OF FUNCTIONAL EXPENSES WHERE THEY ARE SHOWN IN THE AUDIT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

ASPIRE LIVING & LEARNING, INC.

Employer identification number

03-0284103

Part I Questions Regarding Compensation

- 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.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2** 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?

- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** 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

- a** Receive a severance payment or change-of-control payment?

- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

- c** 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.

- 5** 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

- a** The organization?

- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III

- 6** 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

- a** The organization?

- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III

- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2019

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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LOUIS GIRAMMA CHIEF EXEC. OFFICER	(i) 205,453. (ii) 0.	0.	0.	3,959.	6,734.	216,146.	0.
(2) STEVE SCHUTLZ CHIEF PEOPLE OFFICER	(i) 168,185. (ii) 0.	0.	0.	1,938.	5,224.	175,347.	0.
(3) ZBIGNIEW GOLONKA PHD CT DIRECTOR OF BEHAVIOR SE	(i) 174,843. (ii) 0.	0.	0.	3,511.	3,078.	181,432.	0.
(4) LINDA SCALA MS CT DIRECTOR OF HUMAN RESOU	(i) 157,134. (ii) 0.	0.	0.	2,645.	2,222.	162,001.	0.
(5) LIZ SELLINGER CT PROGRAM DIRECTOR	(i) 156,894. (ii) 0.	0.	0.	3,214.	4,134.	164,242.	0.
(6) PAUL KEENE CT STATE DIRECTOR	(i) 172,739. (ii) 0.	0.	0.	2,729.	4,386.	179,854.	0.
(7) SANDRA V CHILTON MD STATE DIRECTOR	(i) 144,864. (ii) 0.	0.	0.	2,912.	5,634.	153,410.	0.
(8) LISA RIGGI CT SCHOOL PRINCIPAL	(i) 148,668. (ii) 0.	0.	0.	2,947.	234.	151,849.	0.
(9) DAVE GALLAWAY CT PROGRAM DIRECTOR	(i) 146,559. (ii) 0.	0.	0.	2,538.	4,134.	153,231.	0.
(10) LOIS NIAL FORMER CFO	(i) 106,812. (ii) 0.	0.	0.	2,060.	2,110.	110,982.	0.
(11) MELODIE J PEET MPH FORMER CT STATE DIRECTOR	(i) 194,562. (ii) 0.	0.	0.	3,363.	276.	198,201.	0.
(12) SCOTT SCHULMAN FORMER IT DIRECTOR	(i) 171,213. (ii) 0.	0.	0.	2,912.	6,784.	180,909.	0.
(13) SUSAN SZCZERZENIE FORMER QA DIRECTOR	(i) 147,597. (ii) 0.	0.	0.	2,700.	2,234.	152,531.	0.

Schedule J (Form 990) 2019

Part III	Supplemental Information
-----------------	---------------------------------

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

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ASPIRE LIVING & LEARNING, INC.

Employer identification number

03-0284103

Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)
---------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

► \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► §

Part II	Loans to and/or From Interested Persons.
----------------	---

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]

Total

▶ \$

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2019

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ONE SOURCE MAINTENANCE LLC	STATE DIRECTOR'S BR	121,395.	PROPERTY MA		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions)

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ONE SOURCE MAINTENANCE LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

STATE DIRECTOR'S BROTHER-IN-LAW

(D) DESCRIPTION OF TRANSACTION: PROPERTY MAINTENANCE SERVICES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

ASPIRE LIVING & LEARNING, INC.

Employer identification number
03-0284103

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

CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES AND SERIOUS
EMOTIONAL DISORDERS AND TO TRAIN INDIVIDUALS TO PROVIDE THOSE SERVICES.

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

SUPPORTS FOR CHILDREN - BEHAVIORAL SERVICES

ASPIRE LIVING & LEARNING PROVIDES BEHAVIORAL SERVICES FOR CHILDREN AGED
1 TO 22 TO REACH THEIR FULL POTENTIAL. WHETHER AT HOME, IN A
CENTER-BASED SETTING, OR IN THE COMMUNITY, CHILDREN WITH AN AUTISM
SPECTRUM DISORDER DIAGNOSIS, DEVELOPMENTAL DISABILITIES AND/OR BEHAVIOR
CHALLENGES RECEIVE HIGHLY INDIVIDUALIZED CLINICAL INTERVENTION, SUCH AS
APPLIED BEHAVIOR ANALYSIS AND OTHER TREATMENT MODALITIES IN THE SETTING
THAT BEST WORKS FOR THEM TO ACHIEVE THEIR GOALS.

SUPPORTS FOR CHILDREN - FOSTER CARE

ASPIRE LIVING & LEARNING PROVIDES SERVICES FOR A DIVERSE GROUP OF YOUNG
PEOPLE IN THE FOSTER CARE PROGRAM. CHILDREN WITH DEVELOPMENTAL
DISABILITIES, BEHAVIORAL CHALLENGES AND/OR PHYSICAL LIMITATIONS WHO ARE
EXPERIENCING CHALLENGES WITHIN THEIR BIOLOGICAL FAMILIES RECEIVE A
STABLE, LOVING ENVIRONMENT IN WHICH THEY CAN THRIVE. ASPIRE LIVING &
LEARNING FOSTER PARENTS STRIVE TO HAVE A PERMANENT POSITIVE IMPACT ON
THE LIVES OF THE CHILDREN THEY SUPPORT, WITH ONGOING PROFESSIONAL
TRAINING, COORDINATION OF SERVICES AND COMMUNITY RESOURCES, AND
CLINICAL SERVICES.

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

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

932211 09-06-19

Name of the organization

ASPIRE LIVING & LEARNING, INC.

Employer identification number

03-0284103

EXPENSES \$ 10,897,891. INCLUDING GRANTS OF \$ 0. REVENUE \$ 11,751,157.

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

MEMBERS OF THE BOARD FINANCE COMMITTEE RECEIVE AND APPROVE THE FORM 990 IN ADVANCE OF FILING. THE FINANCE COMMITTEE REPORTS ON THE FORM TO THE FULL BOARD OF DIRECTORS. COPIES ARE AVAILABLE TO ANY BOARD OF DIRECTOR MEMBER WHO REQUESTS.

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

BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY.

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

THE BOARD OF DIRECTORS REVIEWS THE PERFORMANCE AND SETS THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THE CEO REVIEWS PERFORMANCE AND RECOMMENDS COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MEDICAL/DENTAL SERVICES:

PROGRAM SERVICE EXPENSES	505,145.
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MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	505,145.
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PROGRAM OPERATIONS CONSULTATION:

Name of the organization

ASPIRE LIVING & LEARNING, INC.

Employer identification number
03-0284103

PROGRAM SERVICE EXPENSES	76,837.
MANAGEMENT AND GENERAL EXPENSES	1,875.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	78,712.

ADULT FOSTER CARE PROVIDER:

PROGRAM SERVICE EXPENSES	8,585,293.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,585,293.

RESPIRE FOSTER CARE:

PROGRAM SERVICE EXPENSES	122,846.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	122,846.

CONTRACTED ADMIN SERVICE:

PROGRAM SERVICE EXPENSES	131,182.
MANAGEMENT AND GENERAL EXPENSES	13,376.
FUNDRAISING EXPENSES	62,096.
TOTAL EXPENSES	206,654.

CONTRACTED DIRECT CARE SERVICE:

PROGRAM SERVICE EXPENSES	971,902.
MANAGEMENT AND GENERAL EXPENSES	3,110.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	975,012.

Name of the organization

ASPIRE LIVING & LEARNING, INC.

Employer identification number

03-0284103

PSYCH SERVICES:

PROGRAM SERVICE EXPENSES	190,112.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	190,112.

ANCILLARY THERAPY SERVICES:

PROGRAM SERVICE EXPENSES	784,759.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	784,759.

EMPLOYEE BENEFIT CONSULTATION:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	17,573.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,573.

IT CONSULTATION:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	910.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	910.

UNALLOWED EXPENSES:

PROGRAM SERVICE EXPENSES	983.
MANAGEMENT AND GENERAL EXPENSES	2,567.

Name of the organization	ASPIRE LIVING & LEARNING, INC.	Employer identification number	03-0284103
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,550.

COVID 19 FEES:

PROGRAM SERVICE EXPENSES 709,411.

MANAGEMENT AND GENERAL EXPENSES 3,130.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 712,541.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 12,183,107.

FORM 990, PART III, CHANGES IN PROGRAM SERVICES:

WHILE THERE WERE NOT ANY SIGNIFICANT CHANGES IN HOW WE CONDUCTED OUR PROGRAM SERVICES IN THE CURRENT YEAR, THERE WERE CHANGES IN HOW WE GROUPED AND REPORTED THEM. IN PRIOR YEARS, WE USED 3 CATEGORIES. WE EXPANDED THE 3 CATEGORIES TO 5 CATEGORIES, TO BETTER ALIGN WITH THE POPULATIONS WE SERVE AND THE SERVICES WE PROVIDE. THE ORGANIZATION SERVES BOTH THE CHILDREN AND ADULT POPULATIONS, OFFERING A WIDE ARRAY OF SERVICES TO MEET THE NEEDS AND INTERESTS OF THE INDIVIDUALS SERVED. SUPPORTS FOR CHILDREN INCLUDE (1) FOSTER CARE, (2) EDUCATIONAL SERVICES AND (3) BEHAVIORAL SERVICES. SUPPORTS FOR ADULTS INCLUDE (4) COMMUNITY BASED LONG-TERM/RESIDENTIAL SUPPORTS AND (5) DAY AND EMPLOYMENT SUPPORT OPTIONS.

**F
FPC**

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

Certificate of Amendment
(General Laws Chapter 156D, Section 15.04; 950 CMR 113.49)

FORM MUST BE TYPED

(1) Exact name of corporation: The Institute of Professional Practice, Inc.
(as contained in the Division's records)

(2) Registered office address: 80 ERDMAN WAY, SUITE 103A, LEOMINSTER, MA 01453
(number, street, city or town, state, zip code)

(3) This amendment shall change:

(check appropriate box(es))

☒ the corporation's name to*: Aspire Living & Learning, Inc

☐ the period of the corporation's duration to: _____

☐ the state or country of its incorporation to*: _____

☐ the street address of its principal office to: _____

☐ the fiscal year end to: _____

☐ the activities conducted by the foreign corporation in the commonwealth. _____


☐ its officers and directors: _____

☐ other _____

The name must satisfy the requirements of G.L. Chapter 156D, Section 15.06.

** If the amendment includes a change of its corporate name, or the state or country of its incorporation, attach a certificate evidencing the changes duly authenticated by the secretary of state or other official having custody of the corporate records in the state or country under whose law it is incorporated. If the certificate is in a foreign language, a translation thereof under oath of the translator shall be attached.*

This certificate is effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date of filing is specified: _____

Signed by:  _____
(signature of authorized individual) Louis S. Giramma

- ☐ Chairman of the board of directors,
- ☐ President,
- ☒ Other officer, CEO
- ☐ Court-appointed fiduciary,

on this 27 day of August, 2020

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

ASPIRE LIVING & LEARNING, INC.

a Domestic Non-profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Dec 02, 1981.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

September 01, 2020

Given under my hand and seal of office at Montpelier, the State Capital.



James C. Condos

James C. Condos
Vermont Secretary of State

Business ID: 0042942
Certificate Number: 2013746977001

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Amendment

I, James C. Condos, Vermont Secretary of State, do hereby certify that

attached is a true copy of the

ARTICLES OF AMENDMENT

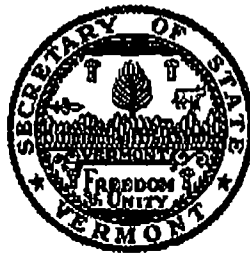
For

ASPIRE LIVING & LEARNING, INC.

Formerly known as

THE INSTITUTE OF PROFESSIONAL PRACTICE,
INC.

As filed in this department effective September 01, 2020



August 18, 2020

Given under my hand and the seal
of the State of Vermont, at
Montpelier, the State Capital

James C. Condos

James C. Condos
Secretary of State

Business ID: 0042942
Filing Number: 0002694241

**VERMONT SECRETARY OF STATE****Corporations Division**

MAILING ADDRESS: Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104

DELIVERY ADDRESS: Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104

PHONE 802-828-2386

WEBSITE: sos.vermont.gov

BUSINESS AMENDMENT****ELECTRONICALLY FILED****

FILING NUMBER: 0002694241

FILING DATE/TIME: 8/18/2020 9:57:00 AM

EFFECTIVE DATE: 9/1/2020

BUSINESS ID	0042942
BUSINESS TYPE	Domestic Non-profit Corporation
BUSINESS DESCRIPTION	Any Legal Purpose
BUSINESS EMAIL	LGIRAMMA@IPPL.ORG
ORIGIN DATE	12/2/1981

The following items were amended :

BUSINESS NAME	ASPIRE LIVING & LEARNING, INC.
---------------	--------------------------------

AUTHORIZER SIGNATURE	Louis S. Giramma
AUTHORIZER TITLE	CEO

THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.

ARTICLES OF RESTATEMENT

The Institute of Professional Practice, Inc. hereby restates its Articles of Incorporation in their entirety, as follows:

1. The name of the corporation shall be The Institute of Professional Practice, Inc (the "Corporation").
2. This Corporation is a public benefit corporation and the period of its duration shall be perpetual.
3. The corporation is organized for the following purposes:
 - a. To educate, consult and train in the identification, treatment and prevention of mental and emotional disorders, developmental disabilities and related handicaps; to study, diagnose, treat, educate and care for individuals who possess mental and emotional disorders of all kinds and descriptions; to own, operate, provide and maintain facilities and programs and to employ staff to accomplish the organization's purposes; to engage in and transact any other lawful activity that may be conducted by an organization described in § 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code") and to do all things necessary or convenient, not inconsistent with the law, to further the activities and affairs of the Corporation.
 - b. Notwithstanding any other provision of these articles to the contrary, the Corporation shall be operated exclusively for the purposes set forth in § 501(c)(3) of the Code (or the corresponding provisions of any subsequent law), and shall not conduct or carry on any activities not permitted to be conducted or carried on (a) by an organization exempt under § 501(c)(3) of the Code (or the corresponding provisions of any subsequent law) and the regulations promulgated thereunder as they now exist or as they may hereafter be amended, or (b) by a corporation, contributions to which are deductible under § 170(c)(2) of the Code (or the corresponding provisions of any subsequent law).
 - c. No part of the net earnings of this Corporation shall inure to the benefit of, or be distributable to, its directors, officers, employees, agents or other private persons, except that the Corporation is authorized and empowered to pay reasonable compensation for services rendered and expenses incurred in connection with the furtherance of its purposes as set forth herein. The assets and earnings of the Corporation shall be used only for the purposes for which the Corporation has been organized.

- d. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.
4. The Corporation shall not have members. The direction of and management of the affairs of the Corporation shall be vested in a Board of Directors. The number of directors of the Corporation and the manner in which such directors shall be chosen shall be as specified in the Bylaws, but the number of directors shall not be less than three (3). Directors of the Corporation may resign or be removed upon the terms and conditions as set forth in the Bylaws.
5. The executive officers of the Corporation shall be chosen by the Board of Directors as provided in the Bylaws.
6. The Corporation shall have no capital stock and is not organized for profit.
7. The Corporation shall offer services, treatment and diagnosis to all persons in the community regardless of race, sex, religion, age, color, national or ethnic origin, and shall not discriminate on the basis of any of these in the delivery of such services.
8. Upon the dissolution of the Corporation the Board of Directors shall, after paying or making provision for the payment of all the liabilities of the Corporation, dispose of all the remaining assets of the Corporation by causing same to be conveyed, transferred, assigned or distributed to Washington County Mental Health Services, Inc., provided that it is then a non-profit corporation organized and existing under the laws of the State of Vermont and exempt from federal income taxation pursuant to § 501(c)(3) of the Code (or the corresponding provisions of any subsequent law) to be used by said Washington County Mental Health Services, Inc. exclusively for exempt purposes within the meaning of § 501(c)(3) of the Code (or the corresponding provisions of any subsequent law). Any such assets not so disposed of shall be disposed of by the Superior Court in and for the county in which the principal office of the Corporation is then located, exclusively for exempt purposes within the meaning of § 501(c)(3) of the Code (or the corresponding provisions of any subsequent law) or to such organization or organizations as said Court shall determine which are organized and operated exclusively for such purpose
9. The Board of Directors shall have the power to amend these Articles of Incorporation by affirmative vote of a majority of the Board.

The Corporation certifies in compliance with 11(b) V S.A. § 10.06(h) that this Restatement of Articles of Incorporation does not contain an amendment to the Articles requiring approval by a member or any other person and that the Board of Directors of the Corporation has adopted the Restatement of Articles of Incorporation.

Dated at Berlin, Vermont, this 31st day of December, 1998.

THE INSTITUTE OF PROFESSIONAL
PRACTICE, INC.

By: Elaine Lussier
Elaine Lussier, Executive Vice President and
Duly Authorized Agent

VERMONT
SECRETARY OF STATE
98 DEC 31 AM 9:56

NOI 913-0
NON-PROFIT

ARTICLES OF ASSOCIATION
OF
THE INSTITUTE OF PROFESSIONAL PRACTICE
(NON-PROFIT CORPORATION)

The name of the corporation shall be The Institute Of Professional Practice.

The initial registered agent shall be Roger Strauss, Ph.D. with registered office at Airport Road, Central Vermont Medical Complex, Berlin, Vermont.

The period of duration shall be perpetual.

The corporation is organized for the following purposes:

A. To educate, consult, and train in the identification, treatment and prevention of mental and emotional disorders, developmental disabilities and related handicaps and in the enhancement of personal life, through a variety of modalities which may include but not be limited to psychotherapy, consultation, workshops, coursework, and seminars.

B. To study, diagnose, treat and care for mental and emotional disorders of all kinds and descriptions.

C. To conduct research, evaluations, and statistical measurements in all matters related to mental illness, mental health, and life enhancement as well as matters related to management of human services, vocational enrichment and corporate efficiency.

D. To own, operate, provide and maintain facilities, and programs wholly non-sectarian and to employ staff for the diagnosis, treatment and prevention of all forms of mental and emotional disorders and developmental disabilities and other related handicaps and the enhancement of mental health and life enrichment, employing in connection therewith all methods and treatments known to medical and psychological science.

E. To own, possess and employ all benefits, rights, powers and privileges necessary or incidental to carrying out the purposes and objectives of the corporation pursuant to the provisions of the Vermont Non-profit Corporation Act.

ROBERT J. KURRLE
ATTORNEY AT LAW
100 ELIZ STREET
MONTPELIER, VERMONT
05602
TELEPHONE 802-882-1444

F. To receive and develop charitable contributions, grants, and other similar forms of support and to contribute or contract to carry out the Purposes and Objectives of the Corporation pursuant to the provisions of the Vermont Non-Profit Corporation Act.

Notwithstanding any of the provisions of these Articles, the corporation shall not conduct or carry on any activities not permitted to be conducted or carried on (a) by an organization exempt under Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any subsequent tax law) and the regulations thereof as they now exist or as they may hereafter be amended, or (b) by a corporation, contributions to which are deductible under Section 170(c) of the Internal Revenue Code of 1954 (or the corresponding provision of any future Internal Revenue law).

No part of the net earnings of the corporation shall inure to the benefit of or be distributable to any officer, director, or any private individual, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered in the furtherance of the corporation's purposes. The assets and earnings of the corporation shall be used only for the purposes of which the corporation has been organized.

No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.

The direction and management of the affairs of the corporation shall be vested in a Board of Directors. The number of Directors of the corporation shall be as specified in the by-laws, but shall not be less than three (3). No less than fifty-five percent (55%) of the Directors shall be individuals who are also on the Advisory Board of Directors of Washington County Mental Health Services, Inc. Directors of the corporation may resign or be removed upon the terms and conditions set forth in the by-laws.

ROBERT J. KINNLE
ATTORNEY AT LAW
FOR WLM STAFF
MONTPELIER, VERMONT
60606
TELEPHONE 802-888-8880

The initial by-laws of the corporation shall be adopted by the Board of Directors. The power to alter, amend or repeal the by-laws or to adopt new by-laws shall be vested in the Board of Directors.

The executive officers of the corporation shall be chosen by the Board of Directors as provided in the by-laws.

The number of the original Board of Directors of the corporation shall be five (5) and shall consist of the incorporators who shall adopt by-laws providing for a permanent Board of Directors of such number and for such terms of office as such by-laws shall determine. The following persons shall serve as the original Board of Directors and shall serve as directors until the first annual meeting of the corporation or until their successors are elected and shall qualify:

Mrs. James Brock, 9 Jordan Street, Montpelier, Vermont
Mrs. Kirtland Keve, 30 Colonial Drive, Montpelier, Vermont
Mrs. Sarah M. Hall, Waitsfield, Vermont
Mrs. Sue Skeels, Woodcrest Road, Montpelier, Vermont
Mr. William Rochon, Mathewson School, Elm Street, Barre, Vt.

The corporation shall have no capital stock and is not organized for profit.

The corporation shall offer services, treatment and diagnosis to all persons in the community regardless of race, sex, religion, age, color, national or ethnic origin and shall not discriminate on the basis of any of these in the delivery of such services.

Upon dissolution of the corporation or the winding up of its affairs, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, distribute and pay over all of the assets of the corporation to Washington County Mental Health Services, Inc., or to such other charitable, scientific or educational organization as may be designated by the vote of at least seventy-five percent (75%) of the Board of Directors which would then qualify or have been determined to qualify as an exempt organization under the provisions of Section 501(c)(3) of the Internal

ROBERT J. KIRKALL
ATTORNEY AT LAW
100 BLA STREET
MONTPELIER VERMONT
05602
TELEPHONE 802-220-9803

Revenue Code of 1954, or the related provisions of any future United States Internal Revenue law, in such amounts as the Board of Directors may determine or as may be determined by a court of competent jurisdiction upon application of the Board of Directors.

The Board of Directors shall have the power to amend these articles by affirmative vote of a majority of the Board.

Dated at City of Montpelier, Washington County, Vermont this 10th day of November, 1981.

INCORPORATORS:

ADDRESS.

<u>Gladys L Brock</u> Mrs. James Brock	<u>9 Jordan St., Montpelier, Vt.</u>
<u>Luella P Kava</u> Mrs. Kirtland Kava	<u>30 Colonial Dr., Montpelier, Vt.</u>
<u>Sarah M. Hall</u> Mrs. Sarah M. Hall	<u>Waitsfield, Vermont</u>
<u>Susan E. Skeels</u> Mrs. Sue Skeels	<u>Woodcrest Rd., Montpelier, Vt.</u>
<u>William Rochon</u> Mr. William Rochon	<u>Mathewson School, Elm Street, Barre, Vermont</u>

ROBERT J. KURRLE
ATTORNEY AT LAW
100 RLM STREET
MONTPELIER, VERMONT
05602
TELEPHONE 802-864-6815

01/01/2020

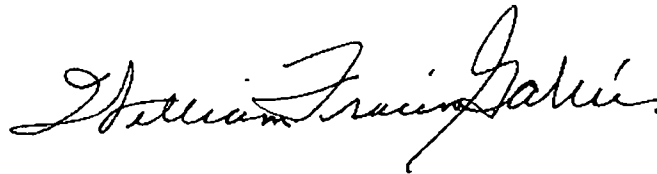
STATE OF VERMONT
OFFICE OF SECRETARY OF STATE
Filed December 2, 1981
John R. Furlong & Behm

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

September 01, 2020 12:34 PM

A handwritten signature in cursive script, reading "William Francis Galvin". The signature is written in black ink and is centered on the page.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Amendment

I, James C. Condos, Vermont Secretary of State, do hereby certify that
attached is a true copy of the
ARTICLES OF AMENDMENT

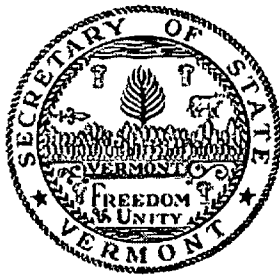
For -

ASPIRE LIVING & LEARNING, INC.

Formerly Known as

THE INSTITUTE OF PROFESSIONAL PRACTICE,
INC.

As filed in this department effective September 01, 2020



August 18, 2020

Given under my hand and the seal
of the State of Vermont, at
Montpelier, the State Capital

James C. Condos

James C. Condos
Secretary of State

Business ID: 0042942
Filing Number: 0002694241

**VERMONT SECRETARY OF STATE****Corporations Division**

MAILING ADDRESS Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104

DELIVERY ADDRESS Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104

PHONE 802-828-2386

WEBSITE sos.vermont.gov

BUSINESS AMENDMENT****ELECTRONICALLY FILED****

FILING NUMBER. 0002694241

FILING DATE/TIME. 8/18/2020 9:57.00 AM

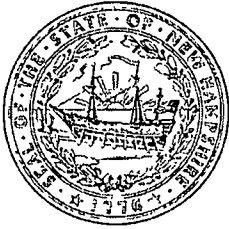
EFFECTIVE DATE: 9/1/2020

BUSINESS INFORMATION	
BUSINESS ID	0042942
BUSINESS TYPE	Domestic Non-profit Corporation
BUSINESS DESCRIPTION	Any Legal Purpose
BUSINESS EMAIL	LGIRAMMA@IPPI.ORG
ORIGIN DATE	12/2/1981

The following Items were amended :

BUSINESS INFORMATION	
BUSINESS NAME	ASPIRE LIVING & LEARNING, INC.

AUTHORIZER INFORMATION	
AUTHORIZER SIGNATURE	Louis S. Giramma
AUTHORIZER TITLE	CEO



State of New Hampshire

Department of State



Accepted Date: 09/01/2020

Business Name: ASPIRE LIVING & LEARNING, INC.

Principal Office Address: PO BOX 1249, MONTPELIER, VT, 05601, USA

RE Acceptance of Business Amendment

This letter is to confirm the acceptance of the following Business Amendment

Business ID: 77972

Filing #: 4990909

Expiration Date: Perpetual

Effective Date: 09/01/2020

Payment Transaction #: 20209970006201001

To maintain your business registration in good standing you must maintain a Registered Agent at all times.

You must also file a Non-Profit report every fifth year (i.e. 2015, 2020) no later than December 31st of the filing year. To file your annual report please go to <https://quickstart.sos.nh.gov/online/Account>.

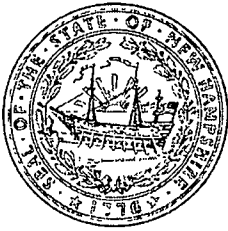
It is incumbent upon you to keep this office informed of address or email changes to ensure that all communications from our office reaches you.

Please visit our website for helpful information regarding all your business needs. If you require assistance or should you have any questions, you may contact the Corporation Division using the information provided below.

Please reference your Business ID in your communication.

Thank you,

New Hampshire Department of State
Corporation Division



State of New Hampshire

Department of State

Filed
Date Filed : 09/01/2020 03:30:27 PM
Effective Date 09/01/2020 03 30 27 PM
Filing # : 4990909 Pages : 1
Business ID : 77972
William M Gardner
Secretary of State
State of New Hampshire

Form FNP-3
RSA 292:5-b &
RSA 293-A:15.04

APPLICATION FOR AMENDED CERTIFICATE OF REGISTRATION OF A FOREIGN NONPROFIT CORPORATION

PURSUANT TO THE PROVISIONS of section 5-b of Voluntary Corporations and Associations and section 15.04 of the New Hampshire Business Corporation Act, the undersigned corporation hereby applies for an Amended Certificate of Registration in New Hampshire and for that purpose submits the following statement.

FIRST: The name of the corporation is:

THE INSTITUTE OF PROFESSIONAL PRACTICE

SECOND: The name the corporation is currently using in the state of New Hampshire is:

THE INSTITUTE OF PROFESSIONAL PRACTICE

THIRD. The state or country of incorporation is **Vermont**

FOURTH: The date the corporation was authorized to transact business in the state of New Hampshire is **10/01/1984**

FIFTH. This application is filed for the following reason (complete all applicable items):

a. The corporation has changed its corporate name to **ASPIRE LIVING & LEARNING, INC.**

b. The name the corporation will hereafter use in the state of New Hampshire is changed to **ASPIRE LIVING & LEARNING, INC.**

c. The corporation has changed its period of duration to

d. The corporation has changed the state or country of its incorporation to

Corporate Name **ASPIRE LIVING & LEARNING, INC.**

Title: **Chief Executive Officer**

Signature: **Louis S. Giramma**

Name of Signer: **Louis S. Giramma**

Date signed: **09/01/2020**

Effective Date: **09/01/2020 03:30:27 PM**

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

State of New Hampshire

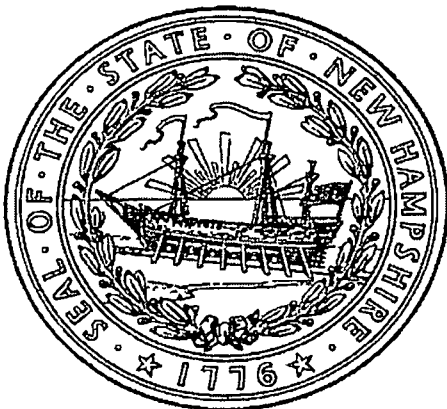
Department of State

AMENDED CERTIFICATE OF REGISTRATION OF THE INSTITUTE OF PROFESSIONAL PRACTICE A FOREIGN NONPROFIT CORPORATION

The Secretary of State of the State of New Hampshire hereby certifies that an Application of **THE INSTITUTE OF PROFESSIONAL PRACTICE** for an Amended Certificate of Registration to transact business in this State, duly signed pursuant to the provisions of Voluntary Corporations and the New Hampshire Business Corporation Act, has been received in this office.

ACCORDINGLY the undersigned, by virtue of the authority vested in him by law, hereby issues this Amended Certificate of Registration to **ASPIRE LIVING & LEARNING, INC.** to transact business in this State under the name of **ASPIRE LIVING & LEARNING, INC.** and attaches hereto a duplicate original of the Application for such Amended Certificate.

Business ID: 77972



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of September 2020 A.D

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State