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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 black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2010 calendar year, or tax year beginning JUL 2010 and ending JUN 30, D Employer identification number C Name of organization Check if TRANSITIONAL LIVING AND COMMUNITY Address change SUPPORT Name change 94-2777955 Doing Business As Initial return Room/suite Number and street (or P 0 box if mail is not delivered to street address) E Telephone number Termin-ated 916-441-0123 2277 FAIR OAKS BLVD, STE 440 6,156,135. Amended City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending SACRAMENTO, CA 95825 H(a) Is this a group return F Name and address of principal officer:MICHAEL LAZAR Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Tax-exempt status: X = 501(c)(3) = 501(c)((insert no 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.TLCSSAC.ORG H(c) Group exemption number ▶ K Form of organization X Corporation Other ▶ L Year of formation 1981 M State of legal domicile CA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE SUCCESSFUL COMMUNITY Activities & Governance LIVING FOR PEOPLE WITH PSYCHIATRIC AND OTHER DISABILITIES. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 7 SCANNED FEB 1 5 2012 4 Number of independent voting members of the governing body (Part VI, line 1b) 110 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 5,536,479 5,612,395. Contributions and grants (Part VIII, line 1h) 522,149. 717,472. Program service revenue (Part VIII, line 2g) 2,423 2,052. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,704 19,539. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,276,078 6,156,135. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A) Jines 1-3) 487,823. 417,751. 0. Benefits paid to or for members (Flart IX, column (A), line 4) 0. 3,771,986 3,695,879. Salaries, other compensation, Apployed to nefity (Bart IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line T1e) b Total fundraising expenses (Part IX, column (D), line 25) 1,199. Other expenses (Part IX, column (A), The DE ING, 11+241) 2,044,913 1,968,328. 6,304,722. 6,081,958. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 74,177. <28,644.> Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5,748,564. 4,640,613. 20 Total assets (Part X, line 16) 3,275,174 3,914,322. 21 Total liabilities (Part X, line 26) 1,834,242 1,365,439. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, 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 Signature of office Sign CASSIE BANGERTER - TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name P00027123 Paid DARLA A. COLSON Firm's name GILBERT ASSOCIATES, 68-0037990 Firm's EIN Preparer 2880 GATEWAY OAKS DR, **Use Only** Firm's address Phone no 916-646-6464 SACRAMENTO, CA 95833

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

X Yes No

Form 990 (2010)

Form 990 (2010) SUPPORT Part IV Checklist of Required Schedules

	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9.				.,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			l .
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
_	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
^	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			†
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	_		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ A
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
4 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	Ш.
		Form	990	(2010)

94-2777955 Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	_23		<u>X</u>
2 4 a	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			Х
_	Schedule K. If "No", go to line 25	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
G	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more than \$25,000 in non-cash contributions <i>in res, complete schedule in</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<u> </u>
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-00		
•	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_U
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Х	
	Note. All Form 990 filers are required to complete Schedule O			(2010)
				~~ 10)

94-2777955 Page **5**

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Senter the number reported in Box 3 of Form 1096, Enter -0-if not applicable Le 40 Deciding the provided of the prograzation comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambhing) with making with providing rules for reportable payments to vendors and reportable gaming (gambhing) with making with providing rules for reportable payments to vendors and reportable gaming (gambhing) with making with providing rules for reportable payments to vendors and reportable gaming (gambhing) with making with providing rules for reportable payments to vendors and reportable gaming (gambhing) with making the providing rules of the reportable payments to vendors and reportable gaming (gambhing) with making the provided on Form V-18, Transmitted of Wage and Tax Statements.	Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
a Enter the number of forms Wolf Ginducid in line 1.a. Enter G-f. in on applicable Enter the number of forms Wolf Ginducid in line 1.a. Enter G-f. in on applicable Determined on the comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) wannings to prize wenners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2b If all teast on a reported on line 2s, did the organization file all required federal employment tax returns? Notes. If the sum of lines 1 a and 2s is greater than 250, you may be required to e-file; (see instructions) 3b Obt the organization have vinetated business gross income of \$1,000 or more dumpt the year? 5b If Yes, 1 has a filed a form 990-T for this year? If You', 2 rovide an explanation in Schedule O 4a At any time duming the calendar year, did the organization have an interest in, or a significant or order authority over, a financial account in a foreign country set on the foreign country. 5c A At any time of the same of the foreign country. 5c B was the organization and foreign country. 5c B was the organization and foreign country. 5c B was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax deductible? 6c B Y 6		Check if Schedule O contains a response to any question in this Part V					
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	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	<u>.</u>		000	10015

Form 990 (2010)

SUPPORT

94-2777955

Page 6

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

	Charles Cabarda Constant and Caracter and Ca			X
C	Check if Schedule O contains a response to any question in this Part VI			
<u>sec</u>	tion A. Governing Body and Management	1]	
	5		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1a /	- 1		
	Enter the number of voting members included in line 1a, above, who are independent 1b 7	- 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		- 1	v
_	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			3,
	governing body?	7a		<u>X</u>
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a_	<u>X</u>	
þ	Each committee with authority to act on behalf of the governing body?	8b	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 in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		X
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this ıs done	12c		X
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	ınd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:	•	
	CYNTHIA EMBREE-LAVOIE, CFO - (916)441-0123			
	2277 FAIR OAKS BLVD, STE 440, SACRAMENTO, CA 95825			

SUPPORT

94-2777955

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organiza		orga	niza			nper	ısat			
(A)	(B)				>)			(D)	(E)	(F)
Name and Title	Average	6		Pos		app	h.A	Reportable	Reportable	Estimated amount of
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional frustee	Officer		Highest compensated Complexes		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SCOTTY WALTON									_	_
DIRECTOR	1.00	X						0.	0.	0.
GEORGE DIESCH										_
DIRECTOR	1.00	X			_			0.	0.	0.
MARCIE LARKEY										_
DIRECTOR	1.00	X						0.	0.	0.
GEORGE ERLICK									•	•
SECRETARY	2.00	X	<u> </u>	X		<u> </u>		0.	0.	0.
CASSIE BANGERTER	2 00	,,		٠,,					•	0
TREASURER	3.00	X		X				0.	0.	0.
BRAD SUTTON	. 2.00	x		х				0.	0.	0.
VICE PRESIDENT	. 2.00	^		^	-	 		0.	0.	0.
LEW ROOKER	3.00	Y		Х				0.	0.	0.
PRESIDENT MICHAEL LAZAR	3.00	-			-		-	-	•	
EXECUTIVE DIRECTOR	60.00			Х				114,685.	0.	8,795
CYNTHIA EMBREE-LAVOIE				-						
CHIEF FINANCIAL OFFICER	45.00			Х				81,941.	0.	7,825
							_		_	<u></u>

CERTERIES.

Form 990 (2010)

SUPPORT

Parl	VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)				
	(A)	(B))			(D)	(E)			(F)	
	Name and title	Average		Position (check all that apply)					Reportable	Reportable		Est	ımated	d
		hours per	(c	heck	(all 1	that	app	ly)	compensation	compensation			ount o	of
		week (describe	휹			İ			from the	from related organizations			other bensat	100
		hours for	Individual frustee or director				豆		organization	(W-2/1099-MISC)			m the	
		related	SEE	assta			Demogra		(W-2/1099-MISC)	,		orga	nızatı	on
		organizations	T E	Para		P od	2 8				ı	and	relate	ed
		In Schedule O)	ğwg	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former				orga	nızatıo	ns
	0) 2 2 3 2 18 2										+			
							ļ							
		<u> </u>	-	-	-						+			
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	-													
				l										
1b	Sub-total						>		196,626.			10	5,62	20.
С	Total from continuation sheets to Part V	II, Section A					\triangleright		0.		•			
<u>d</u>	Total (add lines 1b and 1c)						▶		196,626.	<u></u>	16,62			20.
2	Total number of individuals (including but r	not limited to th	nose	e liste	ed a	bov	e) w	ho r	eceived more than \$100),000 in reportable				_
	compensation from the organization	-											1	1
											۳.		Yes	No
3	Did the organization list any former officer			e, ke	y en	nplo	yee,	or l	highest compensated ei	mployee on			1	17
	line 1a? If "Yes," complete Schedule J for s										-	3.		<u>X</u>
4	For any individual listed on line 1a, is the s	•								the organization			1	v
	and related organizations greater than \$15										H	4	<u>-</u>	X
5	Did any person listed on line 1a receive or	•					•	relat	ted organization or indiv	idual for services	ł	_	- 1	Х
	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedu	e J	tor s	uch	per	son			<u></u>		5	1	
	Complete this table for your five highest co		دام					i	that received more than	\$100,000 of comp		tion f		
1	NONE	mpensated in	aep	ende	eni c	Ont	raci	OIS I	mat received more man	\$100,000 or compe	3115a	itiOi1 I	OHI	
	the organization. NONE (A)								(B)			(C	3	
	Name and business	address							Description of s	services	Co		, nsatioi	n
			_			_								
										_				
_			_											
2	Total number of independent contractors	including but i	not l	ımıte	ed to	the	se l	ste	d above) who received r	nore than				
	\$100,000 in compensation from the organ	zation >					0					u		

Page 9

		***	Otatement of Never	<u></u>		(A) Total revenue	(B) Related or	(C)	(D) Revenue
-1						rotai revenue	exempt function revenue	Unrelated business revenue	excluded from tax under sections 512, 513, or 514
nts	1	а	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		b	Membership dues	1b					
an, c		C	Fundraising events	1c					
je je		d	Related organizations	1d					
Si E		е	Government grants (contribut	ions) 1e 4 ,	160,796.				
e gi		f	All other contributions, gifts, gran						
흕			similar amounts not included abo	ve $1 + 1$	451,599. 12,396.				
<u>5</u> 5		_	Noncash contributions included in lines	: 1a-1f \$		5 610 005			
9 0		<u>h</u>	Total. Add lines 1a-1f			5,612,395.			
			OT TENM DDOODAM	BBBC	Business Code		F 2 2 1 4 0		
je	2		CLIENT PROGRAM	FEES	900099	522,149.	522,149.		
Program Service Revenue		b							· · · · · · · · · · · · · · · · · · ·
ΕŠ		C							
Pg Pg		d							
Pro		e f	All other program service reve	2016					
			Total. Add lines 2a-2f	silue		522,149.			
	3	3	Investment income (including	dividends, inter		322/223			
	Ī		other similar amounts)		>	2,052.			2,052.
	4		Income from investment of ta	x-exempt bond p	oroceeds >	·			·
	5		Royalties		>				
				(ı) Real	(II) Personal			, , ,	
	6	а	Gross Rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)		<u> </u>				
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)		•	1			
			Net gain or (loss) Gross income from fundraisin	a ovente /net					
une	0	a	including \$	of					
Other Revent			contributions reported on line						
Æ			Part IV, line 18	a .					
the		b	Less: direct expenses	- b					
0			Net income or (loss) from fund	draising events	>				ĺ
	9	а	Gross income from gaming ad	ctivities. See					
			Part IV, line 19	а			ł		
		b	Less: direct expenses	b					
		C	Net income or (loss) from gam	ning activities				··· - ····	
	10	а	Gross sales of inventory, less	returns					
			and allowances	а					
			Less: cost of goods sold	b		-			
ł		С	Net income or (loss) from sale		▶			-	
			Miscellaneous Revenu		Business Code				10 520
			MISCELLANEOUS R	CE VENUE	900099	19,539.			19,539.
		b							
		C	All add as server						
			All other revenue			19,539.		1 17 7	
	12	e	Total. Add lines 11a-11d Total revenue. See instructions			6,156,135.		0.	21,591.
03200 12-21			TOTAL TO VOIME. OCC INSTRUCTIONS			, 100, 100			Form 990 (2010)

SUPPORT

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must composite include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			3	
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				······································
-	the U.S. See Part IV, line 22	417,751.	417,751.		
3	Grants and other assistance to governments,	,	· · · · · · · · · · · · · · · · · · ·		······
_	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	219,145.		219,145.	
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	2,823,764.	2,588,153.	235,611.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	54,412. 301,490.	46,999.	7,413.	
9	Other employee benefits		274,928.		
10	Payroll taxes	297,068.	256,598.	40,470.	
11	Fees for services (non-employees):				
а	Management				
þ	Legal	4,598.	1,472.	3,126.	
c	Accounting	30,800.		30,800.	· · · · · · · · · · · · · · · · · · ·
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	201,365.	152,500.	48,865.	
12	Advertising and promotion	1.50	110 010		
13	Office expenses	162,814.	142,343.	20,471.	1 100
14	Information technology	191,010.	169,570.	20,241.	1,199.
15	Royalties	471 500	420 022	40 570	
16	Occupancy	471,503.	428,933.	42,570.	
17	Travel	176,431.	174,748.	1,683.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	179 710	174,466.	4,244.	
22	Depreciation, depletion, and amortization	178,710. 35,410.	26,719.	8,691.	
23	Insurance	33,410.	20,119.	0,091.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A)				
_	amount, list line 24f expenses on Schedule 0) WORKER COMP	193,897.	167,482.	26,415.	
a	PROGRAM SUPPLIES	190,307.	189,767.	540.	.
b	FOOD & BEVERAGE	103,374.	100,996.	2,378.	
c	TOOD & DEVELORE	103,3/4.	100/000	2,370	
d					· · · · · ·
e 4	All other eveness	28,109.	9,838.	18,271.	
f os	All other expenses	6,081,958.	5,323,263.	757,496.	1,199.
25	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ☐ If following SOP	0,001,000	3,323,203.	13114300	1,177
26					
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
	solicitation				

94-2777955 Page **11**

Par	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	1,292.	1	28,139.
	2	Savings and temporary cash investments	600,570.	2	257,560.
	3	Pledges and grants receivable, net	521,854.	3	405,871.
	4	Accounts receivable, net	27,303.	4	26,155.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L	11. 13 111111 111 111 1 1 1 1 1 1 1 1 1	5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
v		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	90,541.	9	84,966.
	10a				
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 4,357,737. 10b 1,463,381.			
i	b	Less: accumulated depreciation [10b] 1,463,381.	3,042,266.	10c	2,894,356.
	11	Investments - publicly traded securities		11	500 000
	12	Investments - other securities. See Part IV, line 11	0.	12	792,000.
	13	Investments · program·related. See Part IV, line 11		13	
	14	Intangible assets	256 707	14	1 050 517
	15	Other assets. See Part IV, line 11	356,787.	15	1,259,517.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,640,613.	16	5,748,564.
	17	Accounts payable and accrued expenses	660,771.	17	806,655.
	18	Grants payable	316,639.	18	221,712.
	19	Deferred revenue	310,039.	19	221,/12.
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D	***************************************	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
E.		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L	2,297,764.	22	2,885,955.
	23	Secured mortgages and notes payable to unrelated third parties	2,231,104.	24	2/003/333.
	24	Unsecured notes and loans payable to unrelated third parties		25	
	25	Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25	3,275,174.		3,914,322.
	26	Organizations that follow SFAS 117, check here X and complete	3/2/3/1/10	20	0,711,0221
s		lines 27 through 29, and lines 33 and 34.			
ဥ	27	Unrestricted net assets	870,218.	27	1,264,102.
alar	28	Temporarily restricted net assets	495,221.	28	1,264,102.
Ö	29	Permanently restricted net assets		29	•
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here			
<u>γ</u>		complete lines 30 through 34.			
its (30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ž A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	1,365,439.	33	1,834,242.
	34	Total liabilities and net assets/fund balances	4,640,613.		5,748,564.
	, .,	. The manufacture decorate and addition		, ,,	Form 990 (2010)

Form **990** (2010)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form	1990 (2010) SUPPORT	94-	<u>-211195</u>	<u> </u>	Page	<u>e 12</u>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				[X
		. 1	<i>c</i> 1	e /	1 7) E
1	Total revenue (must equal Part VIII, column (A), line 12)	1	$\frac{6,1}{6}$			
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,0			
3	Revenue less expenses. Subtract line 2 from line 1	3				77.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,3			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u></u>	<u> 26.</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,8	34	, 24	<u> 2.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				[X
				Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		26	a	\perp	<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		21	5 2	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt	,		ŀ	
	review, or compilation of its financial statements and selection of an independent accountant?		20	s 2	X	_
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	р. 🗀			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdıt			
	Act and OMB Circular A-133?		3	a 2	X	_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ıred au	dıt			

Form 990 (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

TRANSITIONAL LIVING AND COMMUNITY

2010

Open to Public Inspection

Employer identification number

SUPPORT 94-2777955 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II c Type III - Functionally integrated d ___ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (I) Name of supported (ii) EIN (vii) Amount of organization organization in col in col (i) listed in your organization in col organization support (i) organized in the US? (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2010

94-2777955 Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5081798.	5497265.	6006174.	5536479.	5612395.	27734111.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5081798.	5497265.	6006174.	5536479.	5612395.	27734111.
	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)						4977518.
	••		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				22756593.
	Public support. Subtract line 5 from line 4	l				,,	<u> </u>
		(-) 0000	(L) 0007	(-) 0000	(-n 0000	(-) 0010	/O Total
	ndar year (or fiscal year beginning in)	(a) 2006 5081798.	(b) 2007 5497265.	(c) 2008 6006174.	(d) 2009 5536479.	(e) 2010 5612395	(f) Total 27734111.
,		3001730.	3431203.	0000174.	33304734	3012373.	2//34111.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	F 200	18,510.	1 206	2 422	2,052.	29,590.
_	and income from similar sources	5,299.	16,510.	1,306.	2,423.	2,032.	29,390.
9	Net income from unrelated business				·		
	activities, whether or not the						1
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	0 000	0.400	6 227	10 704	10 500	62.062
	assets (Explain in Part IV.)	9,000.	8,482.	6,337.	19,704.	19,539.	
	Total support. Add lines 7 through 10	L				······	27826763.
	Gross receipts from related activities						3,115,176.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. —
_	organization, check this box and stop						<u>▶</u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			r 	
	Public support percentage for 2010 (. ,,	•	column (f))		14	81.78 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	86.73 %
16a	33 1/3% support test - 2010.If the o	organization did no	t check the box or	ı line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	1			$\triangleright X$
b	33 1/3% support test - 2009.If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶
17a	10% -facts-and-circumstances tes	t - 2010.If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		▶□
ь	10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets ti						
	organization meets the "facts-and-circ						▶ 🗔
18	Private foundation. If the organization						ns ►
					0.1		000 EZ 0010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not										
	ınclude 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	İ									
	are not an unrelated trade or bus- iness under section 513										
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1 through 5										
	Amounts included on lines 1, 2, and										
	3 received from disqualified persons										
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
•	Add lines 7a and 7b										
8	Public support (Subtract line 7c from line 6)		1	<u> </u>	<u> </u>						
Se	ction B. Total Support		<u>-</u>								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
9	Amounts from line 6						<u> </u>				
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
1	Unrelated business taxable income										
	(less section 511 taxes) from businesses acquired after June 30, 1975										
(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 IV.)										
	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u> </u>		<u> </u>				
14	First five years. If the Form 990 is fo	r the organization	's first, second, the	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,				
_	check this box and stop here										
<u>Se</u>	ction C. Computation of Pub				· · ·	Tan T					
15	., ,			column (f))		15	<u>%</u>				
16					····	16	%				
	ction D. Computation of Inve					14+1					
17	Investment income percentage for 20	•		ine 13, column (t))		17	%				
18	, -				45	18	47:				
19	a 33 1/3% support tests - 2010. If the						1/ 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 - 2009. 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%, ch										
20	Private foundation. If the organization	on did not check a	a box on line 14, 19	9a, or 19b, check	this box and see i	nstructions					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TRANSITIONAL LIVING AND COMMUNITY SUPPORT

Employer identification number 94-2777955

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	r Accounts. Complete if the
h.C. s.Sadi	organization answered "Yes" to Form 990, Part IV, lin		·
	, , , , , , , , , , , , , , , , , , , ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
•	for charitable purposes and not for the benefit of the donor of		-
	Impermissible private benefit?	5, 50,10, davido, el lei all, ellei puipeee el.	Yes No
Par		ganization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organizat	·	
	Preservation of land for public use (e.g., recreation or		rically important land area
	Protection of natural habitat	Preservation of a certifie	·
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)	
	and section 170(h)(4)(B)(ii)?		L_ Yes
9	in Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	e organization's accounting for
185 .	conservation easements.	4 A 4 Historical Transcruss on Oth	or Cimilar Accets
ra	Organizations Maintaining Collections of Complete of the exceptions of the exceptions of the complete of the exceptions of the exception of the complete of the exception of the		er Similar Assets.
	Complete if the organization answered "Yes" to Form		nt and balance shoot works of art
18	If the organization elected, as permitted under SFAS 116 (A historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that desci		e of public service, provide, in rait XIV,
L			nd halance sheet works of art, historical
D	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		b ¢
	(i) Revenues included in Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X	and the state of t	
2	If the organization received or held works of art, historical tre		am, provide
_	the following amounts required to be reported under SFAS	i to (ASC 930) relating to these items:	• •
a	Revenues included in Form 990, Part VIII, line 1		~ -
D	Assets included in Form 990. Part X		▼ • • • • • • • • • • • • • • • • • • •

SUPPORT 94-2777955 Page 2 Schedule D (Form 990) 2010 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Loan or exchange programs Public exhibition Other h Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 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? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 Yes No on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount 1c c Beginning balance 1d d Additions during the year 16 Distributions during the year 1f Ending balance Yes No 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year 1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment Permanent endowment Term endowment 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by: (i) unrelated organizations 3a(i) 3a(ii) (ii) related organizations 3ь b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. (d) Book value Description of investment (a) Cost or other (b) Cost or other (c) Accumulated depreciation basis (investment) basis (other) 482,671. 482,671. 1a Land 2,334,913. 3,357,554. 1,022,641. **b** Buildings c Leasehold improvements 517,512. 440,740. 76,772. d Equipment

Schedule D (Form 990) 2010

2,894,356.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2010

~		-	-	_	-	•
٠.		L	P	11	R	•
	·	_	F	v	1/	

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 1	2.		2777333 Tage 6
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat st or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests	-			
(3) Other				
(A) CERTIFICATES OF DEPOSIT	792,000.	END-OF-Y	EAR MARKET	VALUE
(B)				
(C)				
(D)				
<u>(E)</u>				
(F)				·
(G)		<u> </u>		
(H)				
	700 000	-		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ► Part VIII Investments - Program Related. Se	792,000. ee Form 990, Part X, line		,	
(a) Description of investment type	(b) Book value		(c) Method of valuat st or end-of-year mark	
(1)				
(2)		<u> </u>	 	
(3)				
(5)				
(6)				
			·	
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets. See Form 990, Part X, line	15	<u> </u>		<u></u>
	Description			(b) Book value
(1) DEPOSITS	-			22,958.
(1) DUE FROM FOLSOM OAKS APAR	TMENTS			393,834.
(3) INVESTMENT IN FOLSOM OAKS				10,000.
(4) CONSTRUCTION IN PROGRESS	·			832,725.
(5)				
(6)				
(7)	•			
(8)				
(9)		-		
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,			>	1,259,517.
(a) Decementary of hability	III le 25.	(b) Amount		····
(1) Federal income taxes		(4) / 11104/10	1	
(2)		-	1	
(3)	-		1	
(4)			1	
(5)			1	
(6)			†	
(7)			1	
(8)			†	
(9)			1	
(10)			1	
(11)			1	
Total (Column (b) must sound Form 900, Port V and (P) has	25)	<u> </u>	†	
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740)	o the organization's financial state	ments that reports the organ	ization's liability for uncertain	n tax positions under

Sche	dule D (Form 990) 2010 SUPPORT				94-	2777955	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financi	ial State	ment	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		6,156	,135.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		6,081	,958.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		74	,177.
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8		394	,626.
9	Total adjustments (net). Add lines 4 through 8			9		394	<u>,626.</u>
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9 6		10		468	<u>,803.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenu	ue per R	eturr		
1	Total revenue, gains, and other support per audited financial statements				1	6,182	,030.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b	25	,895.			•
c	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e	25 6,156	<u>,895.</u>
3	Subtract line 2e from line 1				3	6,156	<u>,135.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1 1		
b	Other (Describe in Part XIV.)	4b			1 1		_
С	Add lines 4a and 4b				4c	- 150	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		=		5	6,156	<u>, 135 </u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Exper	ises per	1 1	rn 6 107	0.5.2
1	Total expenses and losses per audited financial statements				1	6,107	, 833.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1	2.5	005			
а	Donated services and use of facilities	2a		,895.	-		
Ь	Prior year adjustments	2b			-		
C	Other losses	2c			-		
d	Other (Describe in Part XIV.)	2d			ا ۱	25	,895.
e	Add lines 2a through 2d				2e	6,081	958
3	Subtract line 2e from line 1				3	0,001	, , , , , , .
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	امدا					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b			1		
	Other (Describe in Part XIV)	40			1,		0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)				4c	6,081	
*******	t XIV Supplemental Information				1	0,001	,,,,,,
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l lines 1a	and 4: Par	IV lines 1	h and	2b. Part V. line	4· Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl						, ,,,
	RT X, LINE 2: TLCS AND FOLSOM OAKS HAS IMPI						
	•						
ACC	COUNTING PRINCIPLES RELATED TO ACCOUNTING F	FOR U	NCERTA	YTNI	IN	INCOME	
TA	KES AND HAS DETERMINED THAT THERE IS NO MAT	TER I A	L IMP	ACT ON	TH	<u>E</u>	
001	ICOLIDAMING BINANGIAL CMAMBNENMC MIMU CON	an na	CEDUIT	NIC II	T 00	AND EO	T COM
COL	SOLIDATING FINANCIAL STATEMENTS. WITH SOM	ME EX	CEPTIC	ль, т	TICS	AND FO	T20M
OAI	KS ARE NO LONGER SUBJECT TO U.S. FEDERAL AN	ND CA	LIFORN	IIA IN	ICOM	E TAX	
		-					
EX	AMINATIONS BY TAX AUTHORITIES FOR YEARS PRI	LOR I	<u>'U 2007</u>	<u>' •</u>			
PΔI	RT XI. LINE 8 - OTHER ADJUSTMENTS:						

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 SUPPORT	94-2777955 Page 5
Schedule D (Form 990) 2010 SUPPORT Part XIV Supplemental Information (continued)	
ADJUSTMENT TO NET ASSET SPLIT OF CONSOLIDATED COMPANIES TO	394,626.
PROPERLY REPORT COSTS OF FOLSOM OAKS APT PROJECT	
	<u> </u>
	
	· · ·
 	

Schedule I (Form 990) (2010) ² | Employer identification number 94-2777955 Open to Public OMB No 1545-0047 2010 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection non-cash assistance (g) Description of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. (d) Amount of cash grant TRANSITIONAL LIVING AND COMMUNITY (c) IRC section 3 Enter total number of other organizations
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization SUPPORT or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part #

94-2777955

Schedule I (Form 990) (2010) SUPPORT Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Fart III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
CLIENT HOUSING SUBSIDIES	86	417,751.	0.	COST	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the informatio	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: HOUSING	G SUBSIDIES	PAID	DIRECTLY TO	TO HOUSING	
PROVIDERS					
PART III, COLUMN B - NUMBER OF REC	RECIPIENTS				
SOME PROGRAMS HAVE A CONSISTENT NUMBER	OF	RECIPIENTS	EACH MONTH.	H. FOR	
OTHER PROGRAMS, AN ESTIMATE WAS MADE	ΒY	REVIEWING THE	RECORDS	FOR THE	
MONTH(S) IN WHICH THE HIGHEST NUMBER	OF	SUBSIDIES WE	WERE PROVIDED.	D.	

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

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.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

032211 01-24-11

Example N. J

TRANSITIONAL LIVING AND COMMUNITY SUPPORT

Employer identification number 94-2777955

Schedule O (Form 990 or	990·EZ) (2010)			Page 2
Name of the organization	TRANSITIONAL SUPPORT	LIVING AND	COMMUNITY	Employer identification number 94-2777955
MATTERS ON BE	HALF OF THE E	BOARD.		
		* *		
			- 	
<u>-</u>				
		- .		
				· · · · · · · · · · · · · · · · · · ·

Department of the Treasury nternal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 94-2777955

TRANSITIONAL LIVING AND COMMUNITY SUPPORT Name of the organization

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

Part

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> Total Income ত্ত Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

Schedule R (Form 990) 2010 (g) Section 512(b)(13) ž × controlled entity? Yes COMMUNITY SUPPORT Direct controlling entity FRANSITIONAL LIVING & status (if section Public charity 501(c)(3)) <u>e</u> LINE 7 Exempt Code section Ð 501C(3) Legal domicile (state or foreign country) Û CALIFORNIA REAL ESTATE HOLDING FOR Primary activity TAX EXEMPT PURPOSES - 87-0746410 Name, address, and EIN of related organization 2277 FAIR OAKS BLVD. STE 440 FOLSOM OAKS APARTMENTS, INC. 95825 5 SACRAMENTO,

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

032161 12-21-10 LHA

Page 2

94-2777955

SUPPORT Schedule R (Form 990) 2010

General or Percentage managing ownership partner? 3 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 6 Code V-UBI amount in box 720 of Schedule 4 K-1 (Form 1065) \equiv te allocations? Disproportion-Yes No Ξ Share of end-of-year assets 9 Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) Direct controlling entity ፱ (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization <u>e</u> Part III

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

(a)	(q)	(2)	(D)	(e)	3		£
Name, address, and EIN of related organization	tivity		Direct controlling Type of entity SP (C corp., S corp., or trust)	Type of entity (C corp, S corp, or trust)	Share of total ncome	Share of end-of-year assets	Percentage ownership

032162 12-21-10

Schedule R (Form 990) 2010

Yes No

TRANSITIONAL LIVING AND COMMUNITY Schedule R (Form 990) 2010 SUPPORT

ated Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, of 36.)	schedule.
With Related Organizations (Complete	any entity is listed in Parts II, III, or IV of this schedul
Part V Transactions	Note. Complete line 1 if &

1 Diring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	e in any of the following transactions	s with one or more re	lated organizations listed	ın Parts II·IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to other organization(s)	nization(s)				d X
c Giff, grant, or capital contribution from other organization(s)	ganization(s)				1c X
d Loans or loan guarantees to or for other organization(s)	zation(s)				X X
e Loans or loan guarantees by other organization(s)	(s)				Te X
f Sale of assets to other organization(s)					11 X
g Purchase of assets from other organization(s)					1g X
h Exchange of assets					+ X
i Lease of facilities, equipment, or other assets to other organization(s)	o other organization(s)				Ti X
j Lease of facilities, equipment, or other assets from other organization(s)	rom other organization(s)				1j X
k Performance of services or membership or fundraising solicitations for other organization(s)	draising solicitations for other organi	zation(s)			×
I Performance of services or membership or fundraising solicitations by other organization(s)	draising solicitations by other organi:	zation(s)			+
m Sharing of facilities, equipment, mailing lists, or other assets	other assets				χ
n Sharing of paid employees					1n X
Reimbursement paid to other organization for expenses	expenses				+
p Reimbursement paid by other organization for expenses	expenses				1p X
 Qther transfer of cash or property to other organization(s) 	anization(s)				\dashv
r Other transfer of cash or property from other organization(s)	rganization(s)				1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	the instructions for information on w	ho must complete the	is line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	ation	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(£)					
(2)					
ପ୍ର					
(4)					
(5)					
(9)					
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Page 4 94-2777955

TRANSITIONAL LIVING AND COMMUNITY

SUPPORT

Schedule R (Form 990) 2010

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(e)	(p)	(0)	(G)	(e)	(J)	(6)	£)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	amount in box 20	General or managing partner?
(many)			Yes No			(Form 1065)	1 1
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Schedule R	(Form 990) 2010 SUPPORT	94-2777955	Page 5
Part VII	(Form 990) 2010 SUPPORT Supplemental Information		
	Complete this part to provide additional information for responses to questions on Schedule R (see instruc	ctions).	
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