PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. 2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN Check if applicable C Name of organization D Employer identification number Address change THE CENTER FOR ENRICHED LIVING, INC. Name change 36-3339009 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 847-948-7001 280 SAUNDERS ROAD 3,646,135. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 60015-3835 RIVERWOODS, IL H(a) Is this a group return Applica-tion pending F Name and address of principal officer: HARRIET LEVY for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: **X** 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions CENTERFORENRICHEDLIVING.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Other L Year of formation: 1984 M State of legal domicile: IL Association Part I Summary Briefly describe the organization's mission or most significant activities: ENRICHING THE LIVES OF Activities & Governance INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES BY 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 3 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 3,913,669**.** 2,328,959. Contributions and grants (Part VIII, line 1h) 8 758,804. 1,032,006. Program service revenue (Part VIII, line 2g) 2,030. 28,976. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 61,553. 76,420. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,736,056. $\overline{3,4}66,361.$ Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 92,560. 42,367. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,439,336. 3,005,489. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 902,604. 1,028,986. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,127,035. 3,384,307. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,351,749. -660,674. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 8,476,576. 7,734,820. Total assets (Part X, line 16) 1,087,004. 1,005,922. 21 Total liabilities (Part X, line 26) 三年 389,572. 6,728,898 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 officer Date Sign HARRIET LEVY EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature ELEANOR A. LIVINGSTON, CP ELEANOR A. LIVINGSTO 10/05/23 self-employed P00226461 Paid Firm's name PKF MUELLER LLP Firm's EIN 36-2658780 Preparer Firm's address 1707 N RANDALL ROAD Use Only

ELGIN, IL 60123

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Phone no. (847) 888-8600

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ENRICHING THE LIVES OF INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL
	DISABILITIES BY MAXIMIZING THEIR OPPORTUNITIES FOR PERSONAL SUCCESS,
	FRIENDSHIP, FUN, EMPLOYMENT, AND COMMUNITY INVOLVEMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$1, 437, 177. including grants of \$23, 291.) (Revenue \$631, 426.)
	ADULT DAY PROGRAMS - IN ILLINOIS, WHEN YOUNG ADULTS TURN 22 AND
	TRANSITION OUT OF THE SCHOOL SYSTEM, THERE ARE FEW OPPORTUNITIES. CEL'S
	YEAR-ROUND ADULT DAY PROGRAM NAMED REACH, ADDRESSES THE DAYTIME NEEDS
	OF ADULTS WITH DEVELOPMENTAL DISABILITIES SO THEY HAVE OPPORTUNITIES
	FOR CONTINUED LEARNING AND GROWTH LONG AFTER SCHOOL HAS ENDED.
	CEL'S MEMBERS IN REACH HAVE OPPORTUNITIES TO ACHIEVE PERSONAL SUCCESS
	THROUGH CONTINUED LEARNING, MAKING THEIR OWN CHOICES, COMMUNICATING
	THEIR NEEDS AND OPINIONS, VOLUNTEERING FOR SEVERAL LOCAL ORGANIZATIONS,
	EXPLORING PERSONAL HOBBIES AND INTERESTS, AND SO MUCH MORE, WITH UP TO
	70% OF THEIR DAY SPENT OUT AND ABOUT WITHIN THE COMMUNITY.
4b	(Code:) (Expenses \$1, 197, 768. including grants of \$55, 415.) (Revenue \$325, 389.)
	SOCIAL ENRICHMENT PROGRAMS - YOUTH AND YOUNG ADULT SOCIAL PROGRAMS -
	CEL'S YOUTH AND YOUNG ADULT SOCIAL PROGRAMS PROVIDE MEMBERS AGES 13-21
	WITH OPPORTUNITIES TO MAKE FRIENDS IN A SUPPORTIVE ENVIRONMENT, EXPLORE
	THE COMMUNITY, BUILD SKILLS, AND PURSUE NEW INTERESTS. THE PROGRAMS RUN
	YEAR- ROUND DURING EVENINGS AND WEEKENDS, WITH A 9-WEEK SUMMER DAY CAMP
	EXCLUSIVELY FOR YOUNG ADULTS. CEL'S YOUTH AND YOUNG ADULT MEMBERS
	CHOOSE FROM A VARIETY OF PROGRAM OFFERINGS INCLUDING AFTER SCHOOL
	CLUBS, FITNESS, SUMMER CAMP, BOWLING, ART, THEATRE, HORSEBACK RIDING,
	SWIMMING, SCIENCE EXPERIMENTS, COMMUNITY EXCURSIONS, DANCES,
	TECHNOLOGY, HEALTHY COOKING, AND SO MUCH MORE. WITH CONTINUATION OF
	VIRTUAL PROGRAMS AND REINSTATEMENT OF IN-PERSON PROGRAMS, YOUTH AND
	YOUNG ADULT MEMBERS ARE ABLE TO MEET AND CHOOSE FROM SOCIAL CLUBS, ART,
4c	(Code:) (Expenses \$314,203. including grants of \$13,854.) (Revenue \$75,191.)
	ADULT EMPLOYMENT PROGRAMS - WHILE PEOPLE WITH DEVELOPMENTAL
	DISABILITIES HAVE THE SKILLS AND THE DESIRE TO WORK, THEY LACK THE
	OPPORTUNITIES. CEL WORKS TO COMBAT THE STAGGERING 85% UNEMPLOYMENT RATE
	THAT PEOPLE WITH IDD FACE BY PARTNERING WITH SMALL BUSINESSES AND LARGE
	CORPORATIONS TO REMOVE EXISTING BARRIERS TO HIRING SOMEONE WITH A
	DISABILITY. CEL'S STAFF CREATE OPPORTUNITIES FOR INDIVIDUALS WITH IDD
	TO LEARN THE SOFT SKILLS NEEDED TO FIND AND KEEP A JOB. CEL PARTNERED
	WITH INDIVIDUALS TO SUCCESSFULLY RESUME WORKING AFTER COVID-19 LAYOFFS,
	AND TO FIND AND PREPARE FOR NEW JOB OPPORTUNITIES. DURING THE YEAR
	ENDED JUNE 30, 2023, CEL HAD APPROXIMATELY 36 PEOPLE EMPLOYED IN JOBS
	AT LOCAL RESTAURANTS, GROCERY STORES, RETAIL STORES, OFFICES, AND MORE,
	WITH AN ADDITIONAL 9 PEOPLE IN THE PIPELINE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 80,338 • including grants of \$) (Revenue \$
4e	Total program service expenses 3,029,486.
_	000 ()

17151005 758883 02120.200

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
Ü	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,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	, ,	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D		12b		V X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a		14a		
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
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		<u> X</u>
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	X	<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Pa	rt IV Checklist of Required Schedules (continued)		Ι	T
	Dill		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	
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? <i>If</i> "Yes." <i>complete</i>			
		23	Х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 22	
274	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			,,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			. v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
21	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		-25
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 T	ᆸ
		_	Yes	No
		<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c X Form 990 (2022)

Form 990 (2022) THE CENTER FOR ENRICHED LIVING, INC.

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

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 7	3						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>				
	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?	<u>5a</u>		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	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			l				
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year			1,,				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <u>f</u> 7g		X				
g								
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
_	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	0-						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12							
	Initiation fees and capital contributions included on Part VIII, line 12	-						
11	Section 501(c)(12) organizations. Enter:	-						
	Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources against	-						
b	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
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							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
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?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	9					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	9					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the								
				3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X			
6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st								
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?			8a	X				
b	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 rea-	ched a	t the						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)						
			,		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	X	$ldsymbol{ld}}}}}}}}}$			
b									
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res," d	escribe						
	on Schedule O how this was done			12c					
13	Did the organization have a written whistleblower policy?			13	X				
14	Did 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 approva	al by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>			
b	Other officers or key employees of the organization			15b		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	'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 filedIL								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3	s)s only)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain		,						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, a	nd finan	cial				
	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 boundary LEVY $-\ 847-948-7001$	oks and	d records						
	280 SAUNDERS ROAD, RIVERWOODS, IL 60015-3835								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Double per Newer Newer	(A) Name and title	(B) Average	(do		Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
CEO		week	box	, unles	ss per	son is	s both	n an		from related	other
CEO		, ,	or direct	eu			ted		organization	(W-2/1099-MISC/	
CEO			rustee	l truste		99/	npensa		l '	1099-NEC)	~
CEO		below	Individual t	Institutiona	Officer	Key emplo	Highest co employee	Former	, , , , , , , , , , , , , , , , , , , ,		
CYNTHIA GENTEMAN	(1) HARRIET LEVY	40.00									
DIRECTOR OF FINANCE AND OPERATIONS	CEO				Х				199,116.	0.	5,973.
O	(2) CYNTHIA GENTEMAN	40.00									
Director of Program Services	DIRECTOR OF FINANCE AND OPERATIONS				Х				145,678.	0.	8,214.
1 Joan Cannon	, , ,	40.00							110		
RESIDENT							X		112,753.	0.	8,096.
SUSAN BERSH		2.00	.,								
VICE PRESIDENT		2 00	X		X				0.	0.	0.
Column		2.00	3,7		7,7				_	_	_
X		2 00	Λ		Α				0.	0.	<u> </u>
Column		2.00	v						_	_	_
X		2 00	Λ		^				0.	0.	· ·
REASURER		2.00	v		v				۸ ا	0	<u>_</u>
X		2.00	Λ		^				0.	0.	<u></u>
SENIOR ADVISOR	, . ,		x		x				0.	0.	0.
SENIOR ADVISOR		2.00									
Comman	SENIOR ADVISOR		Х						0.	0.	0.
Columbda Columbda	(10) TOMMY BABOULAS	2.00									
Columbda Columbda	DIRECTOR		Х						0.	0.	0.
Column	(11) MARK BERNSTEIN	2.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
Column	(12) FRED BLITT	2.00									
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
DIRECTOR	(13) MIRIAM CAMPBELL	2.00									
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
Column	(14) DR. ODETTE CHRISTIE	2.00									
DIRECTOR X 0. 0. 0. (16) MARY GREANIAS 2.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (17) JEFFREY GREENSPAN 2.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0.	DIRECTOR		X						0.	0.	0.
(16) MARY GREANIAS 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. (17) JEFFREY GREENSPAN 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.	(15) DEEDRA DARBY-JONES	2.00									
DIRECTOR X 0. 0. 0. (17) JEFFREY GREENSPAN 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
(17) JEFFREY GREENSPAN DIRECTOR X 0. 0. 0.	(16) MARY GREANIAS	2.00	1								_
DIRECTOR X 0. 0.			Х						0.	0.	0.
		2.00							_	_	
	DIRECTOR		X						0.	0.	

232007 12-13-22

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hi	ghes	st C	ompensated Employee	s (continued)		_		.J-
(A)					(C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable		Estimated		d
	hours per	box	, unle	ss per	rson i	is botl	n an	compensation	compensation			ount o	of
	week (list any		T T			T		from the	from related organizations			other oensat	ion
	hours for	direct				٥		organization	(W-2/1099-MISC/			om the	
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	- 1		anizati	
	organizations	al trus	nal tri		loyee	compe		1099-NEC)				relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			'	orga	nizatio	ns
(18) KRISTIN MALEK	2.00	Ĕ	Ĕ	₩ 0	X.	宝 是	요			+			
DIRECTOR	2.00	х						0.	0				0.
(19) VAUGHN MOORE	2.00							•	·	Ť			
DIRECTOR		Х						0.	0				0.
(20) RAY NAIR	2.00												
DIRECTOR		Х						0.	0	•			0.
(21) AKASH PATHAK	2.00	ļ											_
DIRECTOR	2 00	Х				<u> </u>		0.	0	+			0.
(22) MIKE SUCHSLAND DIRECTOR	2.00	х						0.	0				0.
DIRECTOR		Α				\vdash		0.	0	+			0.
		1											
						_							
1b Subtotal	l							457,547.	0	$\overline{\cdot}$	22	2,28	33.
c Total from continuation sheets to Part VI								0.		•			0.
d Total (add lines 1b and 1c)								457,547.	0	•	22	2,28	33.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				_
compensation from the organization												V	3
O Did the averagination list on Assurance officers	al:a.a.b.a.u. ba.b	1					. 1-:-					Yes	No
3 Did the organization list any former officer,	•		•	•	•	-	_		•		3		Х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								ner compensation from t		_	•		- 21
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedul	e J f	or su	ıch ı	oers	on					5		Х
Section B. Independent Contractors	-												
1 Complete this table for your five highest co	•	•								satior	ı fro	m	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin I		ear.				
(A) Name and business	address	NO	ONE	₹.				(B) Description of s	services	Con	(C npen) Isatior	1
				_				·			•		

Form **990** (2022)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Pa	rt V	<u> </u>	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lin	e 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	b d e f	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and	762,960. 143,309. 422,690. 7,162.	2,328,959.			
<u> </u>			Totali / lad iii loo la li	Business Code				
Program Service Revenue	_	a b c	MEMBER FEES	624100	1,032,006.	1,032,006.		
E E		d						
gra Re		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f		1,032,006.			
	3	3	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p	st, and roceeds	28,976.			28,976.
	5		Royalties					
			Gross rents (i) Real	(ii) Personal				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Othor				
	7	а	CI OGO CINICANE II ONI CAROO CI	(ii) Other				
		_	assets other than inventory 7a					
•		b	Less: cost or other basis					
Revenue			and sales expenses					
e ve			Gain or (loss) 7c					
	_	d	Net gain or (loss)	I				
Other	8	а	Gross income from fundraising events (not including \$ 762,960. of contributions reported on line 1c). See Part IV, line 18	131,623.				
		h		139,783.				
			Net income or (loss) from fundraising events	<u> </u>	-8,160.			-8,160.
			Gross income from gaming activities. See		0,2001			0,2001
	Ŭ	u		116,551.				
		h	Less: direct expenses 9b	39,991.				
			Net income or (loss) from gaming activities		76,560.			76,560.
			Gross sales of inventory, less returns		,			, ,
		_	and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
		_	, 12, 1211 2110 31 1110 1131	Business Code				
Miscellaneous Revenue	11	а	OTHER	624100	8,020.			8,020.
ine pue		b						
eve		С						
lisc Be		d	All other revenue					
2			Total. Add lines 11a-11d		8,020.			
	12		Total revenue. See instructions		3,466,361.	1,032,006.	0.	105,396.

Fait IX Statement of Functional Expens	63									
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						

	Check if Schedule O contains a respon- not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	200.	200.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	92,360.	92,360.		
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,	470 021	250 276	E7 E00	71 075
_	trustees, and key employees	479,831.	350,276.	57,580.	71,975.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	2,123,146.	1,549,897.	254,777.	318,472.
7	Other salaries and wages	2,123,140.	1,349,0910	234,1110	310,472.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,121.	28,558.	4,695.	5 868
9	Other employee benefits	169,458.	123,705.	20,335.	5,868. 25,418.
10	Payroll taxes	193,933.	141,571.	23,272.	29,090.
11	Fees for services (nonemployees):		, , , , , , ,	23,2,2	
'' a	Management				
b	Legal				
	Accounting	17,500.	3,500.	10,500.	3,500.
	Lobbying	-			
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	65,501.	13,100.	39,301.	13,100. 1,605.
12	Advertising and promotion	19,481.	14,611.	3,265.	1,605.
13	Office expenses	104,930.	78,285.	15,425.	11,220.
14	Information technology				
15	Royalties	00 505	E4 4.60	10.004	
16	Occupancy	83,727.	71,168.	10,884.	1,675. 2,218.
17	Travel	94,079.	82,987.	8,874.	2,218.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20 410	21 200	F 066	1 126
19	Conferences, conventions, and meetings	28,410.	21,308.	5,966.	1,136.
20	Interest				
21	Payments to affiliates	364,287.	309,644.	47,357.	7,286.
22 23	Depreciation, depletion, and amortization	54,505.	40,879.	13,081.	545.
23 24	Other expenses. Itemize expenses not covered	3 1 , 3 0 3 1	10,0,0,	13,001.	2431
- 7	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	81,698.	46,568.	30,228.	4,902.
b	EQUIPMENT RENTAL AND MA	53,984.	30,771.	19,974.	3,239.
С	BAD DEBT EXPENSE	30,786.		30,786.	
d	ACTIVTY FEES	30,098.	30,098.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,127,035.	3,029,486.	596,300.	501,249.
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)				5 000 (2222)

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	788,558.	1	1,497,585.
	2	Savings and temporary cash investments	1,861,774.	2	1,444,175.
	3	Pledges and grants receivable, net	968,786.	3	641,118.
	4	Accounts receivable, net	1,392.	4	10,537.
	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	
<u>s</u>	7	Notes and loans receivable, net	442,594.	7	0.
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	40,653.	9	48,284.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 9, 261, 271.			
	b	Less: accumulated depreciation 10b 5,202,065.	4,345,461.	10c	4,059,206.
	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		14	
	15	Other assets. See Part IV, line 11	27,358.	15	33,915.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,476,576.	16	7,734,820.
	17	Accounts payable and accrued expenses	69,702.	17	87,553.
	18	Grants payable		18	
	19	Deferred revenue	302,154.	19	232,175.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	545 440	22	505 104
_	23	Secured mortgages and notes payable to unrelated third parties	715,148.	23	686,194.
	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	1 007 004	25	1 005 000
	26	Total liabilities. Add lines 17 through 25	1,087,004.	26	1,005,922.
S		Organizations that follow FASB ASC 958, check here			
JCe		and complete lines 27, 28, 32, and 33.	7 700 022	0=	5 502 247
<u>a</u>	27	Net assets without donor restrictions	7,799,932. -410,360.	27	5,593,347. 1,135,551.
e B	28	Net assets with donor restrictions	-410,300.	28	1,133,331.
ڃَ		Organizations that do not follow FASB ASC 958, check here			
P		and complete lines 29 through 33.		00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
λĄ	31	Retained earnings, endowment, accumulated income, or other funds	7,389,572.	31	6,728,898.
ž	32	Total net assets or fund balances		32	
	33	Total liabilities and net assets/fund balances	8,476,576.	33	7,734,820.

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,46			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,12			
3	Revenue less expenses. Subtract line 2 from line 1	3	-66			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,38	9,5'	72.	
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	6,72	8,8	98.	
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b			
			Form	990	(2022)	

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

THE CENTER FOR ENRICHED LIVING, INC.

Employer identification number 36-3339009

OMB No. 1545-0047

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 THE CENTER FOR ENRICHED LIVING, INC. 36-3339 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

otion A	Dublic Support				
	fails to qualify under the tests lis	sted below, please complete Part I	II.)		
	(Complete only if you checked t	he box on line 5, 7, or 8 of Part I o	r if the organization failed to q	ualify under Part III.	If the organization

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		T	Т	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
	Total support. Add lines 7 through 10	-1- (>			40	
	Gross receipts from related activities,			f		12	
13	First 5 years. If the Form 990 is for the	· ·		*	•	. , . ,	
Sec	organization, check this box and stopertion C. Computation of Publi				•••••		
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021		•	.,,		15	<u> </u>
	33 1/3% support test - 2022. If the c						
100	stop here. The organization qualifies					iore, ericeit triis se	
h	33 1/3% support test - 2021. If the c		-				
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_	-				
	meets the facts-and-circumstances te			=			
b	10% -facts-and-circumstances test	•	•		•		
_	more, and if the organization meets the	_	-				
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		•		
				<u> </u>			(Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

S	qualify under the tests listed by	elow, please comp	iele Fait II.)							
	ction A. Public Support									
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1990147.	2585428.	3081268.	3913669.	2322408.	13892920.			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2106109.	1039326.	31,783.	758,804.	1032006.	4968028.			
3	Gross receipts from activities that are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to									
	the organization without charge	400000	2604554	2112051	4680480	2254444	10060010			
	Total. Add lines 1 through 5	4096256.	3624754.	3113051.	4672473.	3354414.	18860948.			
7a	Amounts included on lines 1, 2, and	1045056	1046400	1020641	1007041	1040102	CEC00E1			
	3 received from disqualified persons	1245856.	1946490.	1039641.	1087941.	1248123.	6568051.			
D	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	1245056	1046400	1020641	1007041	1248123.	0.			
	Add lines 7a and 7b	1245856.	1946490.	1039641.	1087941.	1248123.	6568051.			
	Public support. (Subtract line 7c from line 6.)						12292897.			
Section B. Total Support										
	·						T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
9	·	(a) 2018 4096256.	(b) 2019 3624754. 21,742.	(c) 2020 3113051.	(d) 2021 4672473. 2,030.		(f) Total 18860948. 91,520.			
9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	4096256.	3624754.	3113051.	4672473.	3354414.	18860948.			
9 10a b	Amounts from line 6	35,330.	3624754. 21,742.	3113051.	2,030.	28,976.	91,520.			
9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	4096256.	3624754.	3113051.	4672473.	3354414.	18860948.			
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is	35,330. 35,330.	21,742. 21,742.	3,442.	2,030. 2,030. 4,065.	28,976. 28,976. 8,019.	91,520.			
9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	35,330.	3624754. 21,742.	3113051.	2,030.	28,976. 28,976. 8,019.	91,520.			
9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	35,330. 35,330. 4131586.	21,742. 21,742. 3646496.	3113051. 3,442. 3,442. 3116493.	2,030. 2,030. 4,065. 4678568.	28,976. 28,976. 28,976. 3391409.	91,520. 91,520. 12,084. 18964552.			
9 10 a b 11 12 13 14	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	35,330. 35,330. 4131586. ae organization's fire	3624754. 21,742. 21,742. 3646496. st, second, third, f	3113051. 3,442. 3,442. 3116493. Fourth, or fifth tax y	2,030. 2,030. 4,065. 4678568. ear as a section 56	3354414. 28,976. 28,976. 8,019. 3391409. 01(c)(3) organization	91,520. 91,520. 12,084. 18964552.			
9 10a b 11 12 13 14	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	35,330. 35,330. 4131586. ae organization's fire	3624754. 21,742. 21,742. 3646496. st, second, third, f	3113051. 3,442. 3,442. 3116493. Fourth, or fifth tax y	2,030. 2,030. 4,065. 4678568. ear as a section 56	3354414. 28,976. 28,976. 8,019. 3391409. 01(c)(3) organization	91,520. 91,520. 12,084. 18964552. on,			
9 10a b 11 12 13 14 Sec	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	35,330. 35,330. 4131586. ne organization's fire c Support Per	3624754. 21,742. 21,742. 3646496. st, second, third, f	3113051. 3,442. 3,442. 3116493. Fourth, or fifth tax y	2,030. 2,030. 4,065. 4678568. ear as a section 56	3354414. 28,976. 28,976. 8,019. 3391409. 01(c)(3) organization	91,520. 91,520. 12,084. 18964552. on, 64.82 %			
9 10a b 11 12 13 14 Sec 15 16	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage from 2021	35,330. 35,330. 35,330. 4131586. ne organization's fire C Support Per ine 8, column (f), d Schedule A, Part	3624754. 21,742. 21,742. 3646496. st, second, third, for the centage ivided by line 13, coll, line 15	3113051. 3,442. 3,442. 3116493. Fourth, or fifth tax y	2,030. 2,030. 4,065. 4678568. rear as a section 50.	3354414. 28,976. 28,976. 8,019. 3391409. O1(c)(3) organization	91,520. 91,520. 12,084. 18964552. on,			
9 10a b 11 12 13 14 Sec 15 16 Sec	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021	35,330. 35,330. 35,330. 4131586. The organization's first the second of the second	3624754. 21,742. 21,742. 3646496. st, second, third, for the centage (ivided by line 13, colling line 15). Percentage	3113051. 3,442. 3,442. 3116493. Fourth, or fifth tax y	2,030. 2,030. 4,065. 4678568. rear as a section 50.	3354414. 28,976. 28,976. 8,019. 3391409. 01(c)(3) organization	91,520. 91,520. 12,084. 18964552. on, 64.82 % 68.57 %			
9 10a b 11 12 13 14 Sec 15 16 Sec	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage from 2021	35,330. 35,330. 35,330. 4131586. The organization's first the second of the second	3624754. 21,742. 21,742. 3646496. st, second, third, for the centage (ivided by line 13, colling line 15). Percentage	3113051. 3,442. 3,442. 3116493. Fourth, or fifth tax y	2,030. 2,030. 4,065. 4678568. rear as a section 50.	3354414. 28,976. 28,976. 8,019. 3391409. 01(c)(3) organization	91,520. 91,520. 12,084. 18964552. on, 64.82 % 68.57 % .48 %			
9 10a b 11 12 13 14 Sec 17 18	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage from 2021 [Public support percentage from 2021 Investment income percentage from 2021 [Investment income percentage from 2021]	35,330. 35,330. 35,330. 4131586. The organization's firmulation of the second of t	3624754. 21,742. 21,742. 3646496. st, second, third, formula to the second state of the second state o	3113051. 3,442. 3,442. 3116493. Fourth, or fifth tax y	2,030. 2,030. 4,065. 4678568. rear as a section 50	3354414. 28,976. 28,976. 8,019. 3391409. 01(c)(3) organization	91,520. 91,520. 12,084. 18964552. on, 64.82 % 68.57 % .48 % .51 %			
9 10a b 11 12 13 14 Sec 17 18	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Extion C. Computation of Public Public support percentage from 2021 Public support percentage from 2021 Investment income percentage for 2021	35,330. 35,330. 35,330. 4131586. The organization's firmulation of the second of t	3624754. 21,742. 21,742. 3646496. st, second, third, formula to the second state of the second state o	3113051. 3,442. 3,442. 3116493. Fourth, or fifth tax y	2,030. 2,030. 4,065. 4678568. rear as a section 50	3354414. 28,976. 28,976. 8,019. 3391409. 01(c)(3) organization	91,520. 91,520. 91,520. 12,084. 18964552. on, 64.82 % 68.57 % -48 % -51 % 7 is not			
9 10a b 11 12 13 14 Sec 15 16 Sec 17 18 19a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage from 2021 [Public support percentage from 2021 Investment income percentage from 2021 [Investment income percentage from 2021]	35,330. 35,330. 35,330. 4131586. ne organization's fire Schedule A, Part Stment Income 2021 Schedule A, organization did not stop here. The	3624754. 21,742. 21,742. 21,742. 3646496. est, second, third, for the centage in (f), divided by line 13, continue 15. Percentage in (f), divided by line 17 ot check the box coorganization qualification qualification in the centage in (f), divided by line 17 ot check the box coorganization qualification qualification in the centage in (f), divided by line 17 ot check the box coorganization qualification qualification in the centage in (f), divided by line 17 ot check the box coorganization qualification qualification in the centage in	3113051. 3,442. 3,442. 3116493. Fourth, or fifth tax y Followin (f)) The 13, column (f)) Fine 14, and line fies as a publicly si	2,030. 2,030. 4,065. 4678568. ear as a section 56	3354414. 28,976. 28,976. 8,019. 3391409. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 1 ition	91,520. 91,520. 91,520. 12,084. 18964552. on, 64.82 % 68.57 % .48 % .51 % 7 is not X			
9 10a b 11 12 13 14 Sec 15 16 Sec 17 18 19a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Extion C. Computation of Public Public support percentage from 2021 (Investment income percentage from 23 Investment income percentage from 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box ar	35,330. 35,330. 35,330. 4131586. The organization's firmer second in the organization did in the org	3624754. 21,742. 21,742. 3646496. st, second, third, formula t	3113051. 3,442. 3,442. 3116493. Fourth, or fifth tax y Followin (f)) For line 13, column (f)) For line 14, and line fies as a publicly so line 14 or line 19a	2,030. 2,030. 2,030. 4,065. 4678568. Tear as a section 50. 15 is more than 33. Apported organization, and line 16 is more	3354414. 28,976. 28,976. 8,019. 3391409. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 10 tion re than 33 1/3%, a	91,520. 91,520. 91,520. 12,084. 18964552. on, 64.82 % 68.57 % .48 % .51 % 7 is not X			

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
0-		
3a		
3b		
0-		
3с		
4a		
Al.		
4b		
4c		
5a		
5b		
5c		
6		
7		
1		
8		
9a		
30		
9b		
9c		
10a		
10b		

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Par	rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11.5		
·	detail in Part VI.	11c		
Sec	etion B. Type I Supporting Organizations	1 110		
	<i>y</i>		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or	100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	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 support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	e 1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization operate of 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,			
Sec	supervised, or controlled the supporting organization.	2		
-	The in supporting organizations		V	
_	Wang a majarik, af kha a magainaki mala dimakana an kurakana di mira kha kan magain ika af kha dimakana		Yes	No
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			
800	the supported organization(s). ction D. All Type III Supporting Organizations	1		
566	All Type III Supporting Significations			T
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction 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 instruction)	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	¹t V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	d Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990) 2022

	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga		ued)	0-3339009 Page 7
Sect	on D - Distributions	<u> </u>	Contain	aca,	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Payments from Disqualified Persons Included on Part III, Line 7a

2022

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
ADOBE	10,000.	0.	0.	10,000.	5,000.
AIT WORLDWIDE	, , , , , ,	-	-	,	
LOGISTICS	10,600.	8,000.	12,000.	40,713.	33,400.
ALVIN GITELMAN	0.	50,000.	0.	0.	0.
ANDREW AND ALICE FISCHER CHARITABLE T	10,000.	0.	0.	10,000.	0.
ARROW ENTERPRISE COMPUTING SOLUTIONS	45,000.	17,500.	0.	0.	30,000.
ATHANASIOS AND DIANE BABOULAS	0.	8,970.	0.	0.	0.
AUTODESK	8,600.	8,175.	0.	0.	0.
BARBARA S. JOHNSON	0.	10,635.	22,601.	17,050.	9,000.
BLITT AND GAINES	0.	22,160.	14,798.	23,854.	32,634.
BLUESTAR	15,000.	5,000.	5,000.	22,500.	27,500.
BRADLEY AND MRS. JOAN CANNON	0.	10,500.	13,695.	13,895.	5,370.
BRAKE PARTS INC LLC	10,000.	10,000.	0.	0.	0.
BRANDENBURG INDUSTRIAL SERVICE C	0.	5,000.	50,000.	10,000.	40,000.
BYRON AND DEBORAH HOLDEN	9,914.	15,913.	0.	15,648.	22,023.
BYUNG AND SUNG CHEON	0.	6,094.	0.	0.	0.
CALVIN K. WESSMAN	6,166.	6,000.	0.	0.	0.
CDW	30,885.	30,130.	42,444.	37,723.	26,567.
CHARLES T. KUSAR	7,665.	6,188.	0.	0.	0.
CHICAGO BEARS FOOTBALL CLUB	0.	100,000.	0.	0.	0.
CIRCLE OF SERVICE FOUNDATION	234,556.	205,208.	193,414.	167,078.	306,660.
CLAUDIA A. KATZ	0.	10,300.	0.	0.	0.
CLIMB CHANNEL SOLUTIONS	0.	10,500.	5,000.	17,500.	10,000.
DANIEL ARONSON	41,000.	0.	0.	0.	0.
DANIEL B. RIPES	13,318.	0.	0.	0.	0.
Total to Schedule A, Part III, Line 7a					

Payments from Disqualified Persons Included on Part III, Line 7a

2022

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
DANIEL F. AND ADA L. RICE FOUNDATION	0.	10,000.	0.	15,000.	10,000.
DELL EMC	5,000.	7,500.	0.	17,500.	15,000.
DISCOVER	8,900.	6,300.	6,000.	10,775.	5,700.
DOUG AND KIM ECKROTE	0.	31,100.	51,280.	51,650.	50,000.
DOUGLAS AND HILDA MURPHY	0.	7,113.	7,375.	0.	0.
ELK GROVE TOWNSHIP	15,000.	15,000.	0.	0.	0.
FRED TIEKEN	6,000.	6,000.	0.	12,000.	0.
GARY KASH	28,750.	28,440.	0.	46,000.	48,000.
GOLDER FAMILY FOUNDATION	30,000.	0.	0.	25,000.	0.
GRACE BERSTED FOUNDATION, BANK OF	10,000.	10,000.	10,000.	10,000.	15,000.
HARRIET LEVY	5,675.	7,312.	5,375.	7,388.	5,651.
HENRY AND ELIZABETH FELDMAN	0.	7,000.	5,000.	0.	0.
HP	15,000.	10,000.	12,500.	17,600.	5,100.
HPE	0.	10,000.	0.	12,500.	5,000.
ILLINOIS ARTS COUNCIL AGENCY	20,950.	20,900.	13,700.	17,550.	18,900.
ILLINOIS DEPARTMENT OF TRANSPORTATION	0.	80,226.	0.	0.	0.
INGRAM MICRO, INC.	0.	17,500.	10,000.	20,000.	15,000.
INTEL	0.	15,000.	0.	0.	12,500.
IRVING A. LEWIS	0.	10,000.	0.	0.	0.
JOAN CANNON	10,450.	0.	13,695.	0.	0.
JOHN AND CAROLYN BORTA	6,230.	6,098.	0.	15,798.	7,225.
JOHN R. HALLIGAN CHARITABLE FUND	7,000.	8,000.	8,000.	10,000.	10,000.
JONATHAN AND LOIS MILLS	0.	5,000.	10,000.	0.	5,000.
JOSEPH AND PAM MORGAN	0.	5,762.	7,907.	0.	0.
Total to Schedule A, Part III, Line 7a					

Payments from Disqualified Persons Included on Part III, Line 7a

2022

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
JUSTIN D. EDMONDS	16,875.	21,200.	0.	0.	0.
LENOVO	20,000.	0.	24,808.	5,000.	12,500.
LIQUID PC INC.	7,500.	7,500.	0.	0.	7,500.
LOUISE A. TENNIS	10,000.	0.	0.	0.	0.
LUNDBECK LLC MARK AND AMY	10,000.	5,000.	6,000.	5,000.	5,000.
BERNSTEIN MCMASTER-CARR SUPPLY	6,611.	11,130.	0.	5,500.	5,955.
COMPANY MEDLINE INDUSTRIES,	7,500.	8,600.	7,650.	7,500.	8,500.
INC.	5,000.	5,000.	25,000.	10,000.	10,000.
MICHAEL D. BERLIANT	7,775.	0.	0.	0.	0.
MICHELLE COLLINS	10,154.	10,000.	0.	0.	0.
MICRON	5,000.	10,000.	5,000.	12,500.	12,500.
MICROSOFT	15,090.	9,655.	5,460.	9,830.	17,124.
MORAINE TOWNSHIP MOSAIC CONSTRUCTION,	0.	9,000.	5,000.	5,000.	5,000.
LLC DUANE AND KELLEY	0.	7,000.	0.	0.	0.
CHUDY MARK AND LISA	0.	105,218.	101,100.	0.	0.
FISHMAN MICHAEL AND ROSALIND	14,600.	13,125.	21,000.	13,000.	10,000.
KEISER RICHARD AND LISA	25,000.	25,000.	25,000.	25,000.	25,000.
WORSEK	10,000.	10,000.	0.	0.	10,000.
ROB AND MARY VIHON STEVEN AND BARBARA	10,100.	20,000.	0.	12,180.	10,000.
ANDERSON VAUGHN AND JENNIFER	10,275.	10,275.	0.	0.	0.
MOORE WILLIAM AND JENNIFER	0.	203,625.	0.	0.	100,527.
FAWCETT	8,540.	11,710.	5,460.	0.	0.
KIM M. CYSEWSKI AND TIM CYSEWSKI	21,886.	20,353.	31,800.	19,022.	0.
MYRNA K. RAPP	10,000.	20,000.	0.	27,500.	7,000.
Total to Schedule A, Part III, Line 7a					

Payments from Disqualified Persons Included on Part III, Line 7a

2022

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
NANCY B. NORTHRIP	40,850.	0.	0.	0.	0.
NETAPP	15,000.	0.	0.	0.	0.
NEW TRIER TOWNSHIP	33,332.	16,666.	8,333.	0.	8,333.
NOEL ELFANT	5,450.	0.	0.	0.	7,491.
NORMAN V. ABAZORIS	10,100.	5,000.	10,000.	0.	0.
NORTHFIELD TOWNSHIP	0.	5,000.	0.	10,000.	10,000.
PALATINE TOWNSHIP PAUL AND MAUREEN	9,000.	15,000.	0.	0.	0.
KOZA	0.	7,203.	7,711.	7,900.	5,463.
PETER AND KATIE KANARIS	0.	10,000.	0.	0.	0.
PHILIP AND REGAN FRIEDMANN	0.	7,250.	0.	0.	15,000.
PHILLIP J. LASKY	5,100.	5,000.	5,275.	5,275.	8,000.
POLY (POLYCOM AND PLANTRONICS, INC. ME	7,500.	0.	0.	0.	0.
PROCURRI LLC	7,500.	0.	0.	7,500.	0.
PROLINE OPTIONS	12,500.	12,500.	12,500.	12,500.	12,500.
QUAD/GRAPHICS INC.	10,000.	0.	0.	0.	0.
ROBERT KAPOUN	0.	156,000.	0.	0.	0.
RONALD J. WOODS CHARITABLE TRUST	0.	41,500.	0.	37,500.	30,000.
ROTARY CLUB OF LIBERTYVILLE - SUNRI	0.	5,275.	0.	5,000.	0.
SAMSUNG ELECTRONICS AMERICA, INC.	5,000.	5,500.	0.	15,000.	10,000.
SKENDER CONSTRUCTION	20,000.	10,281.	0.	0.	0.
SONICWALL, INC.	7,500.	8,000.	5,000.	0.	5,000.
STEPHANIE C. SLATKIN	9,159.	0.	0.	0.	0.
STEPHEN E. ELKINS	6,900.	7,000.	41,000.	0.	5,000.
STERLING BAY COMPANIES	10,000.	0.	0.	0.	0.
Total to Schedule A, Part III, Line 7a					

Payments from Disqualified Persons Included on Part III, Line 7a

2022

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
STEVEN AND JOAN LICHTER	0.	5,000.	10,000.	10,000.	10,000.
TECH DATA	37,500.	55,500.	35,000.	35,000.	22,500.
TECH DATA - TECHNOLOGY SOLUTIONS	10,000.	0.	0.	0.	0.
TERRANCE LIVINGSTON THE AIGNER	10,000.	10,000.	0.	10,262.	10,000.
FOUNDATION	10,000.	0.	0.	20,000.	0.
THE ARC OF ILLINOIS THE COLEMAN	0.	10,000.	0.	0.	0.
FOUNDATION THE MAURICE R. AND	35,000.	37,500.	12,500.	12,500.	12,500.
META G. GROSS FOUNDA	10,000.	10,000.	10,000.	10,000.	10,000.
THE TELOS GROUP LLC THE TURNER	5,000.	10,000.	0.	0.	0.
CONSTRUCTION COMPANY	5,000.	8,000.	0.	5,000.	5,000.
THOMAS J. LITTLE TOWNSHIP OF	5,000.	0.	50,000.	0.	0.
SCHAUMBURG DISABILIT	7,000.	0.	0.	0.	0.
TREND MICRO	5,000.	5,500.	0.	0.	0.
UPS	8,000.	0.	0.	0.	0.
VALERIE M. SLOTNICK	17,900.	25,000.	35,010.	25,000.	25,000.
VERNON TOWNSHIP	7,000.	9,000.	9,000.	7,500.	13,500.
W.W. GRAINGER, INC. WILLIAM AND KAREN	0.	9,750.	5,250.	5,250.	0.
DRAKE ZEBRA TECHNOLOGIES	0.	7,650.	0.	10,000.	0.
CORPORATION	5,000.	12,500.	0.	5,000.	0.
Total to Schedule A, Part III, Line 7a	1,245,856.	1,946,490.	1,039,641.	1,087,941.	1,248,123.

Schedule B

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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

Employer identification number

TH	HE CENTER FOR ENRICHED LIVING, INC.	36-3339009		
Organization type (check of	one):			
Filers of:	Section:			
Form 990 or 990-EZ X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.		
General Rule				
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling v one contributor. Complete Parts I and II. See instructions for determining a contributor's	· · · · · · · · · · · · · · · · · · ·		
Special Rules				
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fig. 1, line 1. Complete Parts I and II.	d that received from any one		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
year, contributions is checked, enter hourpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$			
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Foe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	• •		

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

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 306,660.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$33,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$32,634.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 29,545.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE	CENTER	FOR	ENRICHED	LIVING.	INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 27,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 26,567.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$ <u>25,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	Total contributions \$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 22,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ 22,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 20,090.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	* 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$18,900 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$17,12 4 .	Person X Payroll

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$16,485.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 15,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$13,381.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ <u>12,500.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	Total contributions \$ 12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$12,500.	Person X Payroll

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ 12,500.	Person X Payroll
(a)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4	* 12,275.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$10,000.	Person X Payroll

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$10,000.	Person X Payroll

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 58	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$	Person X Payroll

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 64	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$9,490.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$9,000.	Person X Payroll

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$8,333.	Person X Payroll
(a)	(b)	(c)	(d)
No. 70	Name, address, and ZIP + 4	Total contributions \$ 8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$7,500.	Person X Payroll

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$7,491.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$ 7,225.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 76	Name, address, and ZIP + 4	Total contributions \$ 6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$6,239.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$6,000.	Person X Payroll

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>79</u>		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$5,955.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	Nume, address, and Zii + +	\$5,875.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$5,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$5,651.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$5,590.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$5,500.	Person X Payroll
(a)	(b)	(c)	(d)
88	Name, address, and ZIP + 4	Total contributions \$ 5,463.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$5,370.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$ 5,360.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 5,255.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$ 5,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$5,131.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
94	Name, address, and ZIP + 4	Total contributions \$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$5,000.	Person X Payroll

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 100	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$5,000.	Person X Payroll

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 106	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2 Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_111		\$5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No	Name, address, and ZIF + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE CENTER FOR ENRICHED LIVING, II	THE	CENTER	FOR	ENRICHED	LIVING,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 118	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$5,000.	Person X Payroll

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136	Name, address, and ZIF + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138		\$5,000.	Person X Payroll

Name of organization Employer identification number

THE CENTER FOR ENRICHED LIVING, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11.15		 \$	Schedule R (Form 990) (2022)

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** 36-3339009 THE CENTER FOR ENRICHED LIVING, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

223454 11-15-22

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE CENTER FOR ENRICHED LIVING, INC.

Employer identification number 36-3339009

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	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	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

232051 09-01-22

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Schedule D (Form 990) 2022

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		906,457.		906,457.
b Buildings		6,948,279.	3,956,351.	2,991,928.
c Leasehold improvements				
d Equipment		805,065.	702,379.	102,686.
e Other		601,470.	543,335.	58,135.
Total. Add lines 1a through 1e. (Column (d) must equal	4,059,206.			

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	THE	CENTER	FOR	ENRICHED	LIVING,	INC.	36-3339009 Page
Part VII	Investments - C	ther Se	curities.					
	Complete if the orga	nization a	nswered "Yes	on For	m 990, Part IV, line	e 11b. See Form	n 990, Part >	K, line 12.
(a) Descrip	otion of security or catego	Ory (including	name of security)		(b) Book value	(c) Metho	od of valuati	on: Cost or end-of-year market value
1) Financi	al 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.

	1	
(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 Y col (R) line 13.)		

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)	
(8)	
(9)	
	I

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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) 2022

Scriedule D						TIVIT CITE					223
Part XI	Recond	ciliation of	Rever	nue per Au	dited	Financial St	tatements '	With	Revenue p	er Return	

	<u> </u>		•		
	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	3,768,635.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	122,500.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	179,774.		
е	Add lines 2a through 2d			2e	302,274.
3	Subtract line 2e from line 1			3	3,466,361.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stat			5	3,466,361.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	Returr	າ.
	Complete if the organization answered "Ves" on Form 990 Part IV line	12a			

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,429,309.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	122,500.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	179,774.		
е	Add lines 2a through 2d			2e	302,274.
3	Subtract line 2e from line 1			3	4,127,035.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,127,035.	
Pa	t 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:

CEL IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR EITHER FEDERAL OR STATE INCOME TAXES.

CEL HAS EVALUATED THE TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS. CURRENTLY, THE RETURNS FOR THE PRIOR THREE FISCAL YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE; HOWEVER, CEL IS NOT CURRENTLY UNDER AUDIT NOR HAS CEL BEEN CONTACTED BY THIS JURISDICTION.

BASED ON THE EVALUATION OF CEL'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS WOULD BE UPHELD UNDER AN EXAMINATION; THEREFORE, NO PROVISION

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							ntification number
	TER FOR ENRICHED L					36-3339	
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or 	e Solicitat f Solicitat g Special	tion of tion of fundra	non-g gover aising (overnment grants nment grants events	toos	or.	
key employees listed in Form 990, Pa b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	art VII) or entity in connection with prividuals or entities (fundraisers) pursua	ofessi	onal fu	undraising services?		Yes	<u> </u>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration

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Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		or furidialsing event contributions and gro	233 IIICOIIIC OII I OIIII 330	LZ, IIICS T AITO OD. LIST C	vents with gross receipt	3 greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF TOURNAMENT	CHEF'S NIGHT	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			, ,,,	, ,,,	,	
Revenue	1	Gross receipts	401,700.	485,283.	7,600.	894,583.
<u> </u>	2	Less: Contributions	302,827.	452,533.	7,600.	762,960.
	3	Gross income (line 1 minus line 2)	98,873.	32,750.		131,623.
		Oash suites				
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs	87,367.	28,384.		115,751.
Ä						
Direct Expenses	7	Food and beverages				
₫		Entertainment				
	8	Entertainment Other direct expenses		12,477.		24,032.
	10	Direct expense summary. Add lines 4 through	· · · · · · · · · · · · · · · · · · ·			139,783.
	11	Net income summary. Subtract line 10 from li				-8,160.
Pa	rt I	_	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	I		
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				singo, progressive singe		(u) an ough oon (o))
Be	1	Gross revenue			116,551.	116,551.
S	2	Cash prizes			31,000.	31,000.
ense						
Εχρ	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
ä	.	rional admity doda				
	5	Other direct expenses			8,991.	8,991.
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	X No	
	_	Divert conservation Add lines Others when	E in a aliverse (al)			39,991.
	7	Direct expense summary. Add lines 2 through	i 5 in column (a)			39,991.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			76,560.
		,	, , , ,			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities: $\underline{\mathtt{I}}$	L		
		the organization licensed to conduct gaming ac	tivities in each of these s	states?		X Yes No
b	If "	No," explain:				
	_					
10a	— We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	ear?	Yes X No
		Yes," explain:		-		
		-				

Schedule G (Form 990) 2022

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Sch	edule G (Form 990) 2022 THE CENTER FOR ENRICHED LIVING, INC. 36-	<u>3339009</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a 76	.00 %
	An outside facility	13b 24	.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name HARRIET LEVY		
	Address 280 SAUNDERS ROAD - RIVERWOODS, IL 60015-3835		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	Figure 1. Figure 1. Figure 2. If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Saming manager mormaters.		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
•		Yes	X No
	retain the state gaming license? Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	103	22 110
L	organization's own exempt activities during the tax year \$		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III lines 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III les 9,	35, 105,
	13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	\mathtt{THE}	CENTER	FOR	ENRICHED	LIVING,	INC.	36-3339009	Page 4
Part IV	G (Form 990) Supplemental Infor	mation	(continued)						
			(00.11.11.10.0)						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Employer identification number Name of the organization 36-3339009 THE CENTER FOR ENRICHED LIVING, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistant
					TO ASSIST MEMBERS WHO ARE
ARSHIPS	259	92,359.	0.		ATTENDING CEL PROGRAMS
Supplemental Information. Provide the information	ation required in Part I, line	e 2; Part III, column	(b); and any other ac	ditional information.	

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

THE CENTER FOR ENRICHED LIVING, INC.

36-3339009

Employer identification number

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	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:			37
		5a		X
b	, ,	5b		
_	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:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	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			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2022

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-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) HARRIET LEVY	(i)	194,116.	5,000.	0.	5,973.	0.	205,089.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) CYNTHIA GENTEMAN	(i)	145,678.	0.	0.	4,482.	3,732.	153,892.	0.	
DIRECTOR OF FINANCE AND OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)							_	
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(II)						<u> </u>		

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.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE CENTER FOR ENRICHED LIVING, INC.

Employer identification number 36-3339009

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

MAXIMIZING THEIR OPPORTUNITIES FOR PERSONAL SUCCESS, FRIENDSHIP, FUN,

EMPLOYMENT, AND COMMUNITY INVOLVEMENT.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

ROBERT VIHON FAMILY RESOURCE CENTER - THE CENTER FOR ENRICHED LIVING IS

PROUD TO ANNOUNCE THE CREATION OF THE ROBERT VIHON FAMILY RESOURCE

CENTER TO ADDRESS THE URGENT NEEDS OF PEOPLE WITH INTELLECTUAL AND

DEVELOPMENT DISABILITIES (IDD), THEIR FAMILIES, AND CAREGIVERS. THIS

NEW PROGRAM WILL DRAMATICALLY EXPAND THE SCOPE OF SERVICES WE PROVIDE,

TRANSFORMING CEL INTO A REGIONAL DESTINATION FOR THOSE SEEKING RELIABLE

RESOURCES AND INFORMATION, MENTAL HEALTH COUNSELING, THERAPEUTIC AND

BEHAVIORAL SERVICES, PEER SUPPORT GROUPS, AND MORE.

THE ROBERT VIHON FAMILY RESOURCE CENTER (THE "VEE" CENTER) WILL BE

OPERATED BY A NEW TEAM OF STAFF, WHO ARE TRAINED AND LICENSED TO WORK

WITH THE IDD COMMUNITY: SOCIAL WORKERS, BOARD CERTIFIED BEHAVIOR

ANALYSTS (BCBA), AND CLINICAL THERAPISTS (PHYSICAL, OCCUPATIONAL,

ETC.). THE "VEE" CENTER TEAM WILL WORK WITH MEMBERS AND FAMILIES

(ONE-ON-ONE AND IN GROUPS) TO HELP THEM NAVIGATE LIFE TRANSITIONS,

CONNECT WITH CRITICAL INTERNAL AND EXTERNAL RESOURCES, AND BUILD

MEANINGFUL, INDEPENDENT LIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WHILE MANY OF CEL'S MEMBERS AND THEIR FAMILIES HAVE BEEN DEALING WITH

SO MUCH UNCERTAINTY THROUGHOUT THE PANDEMIC, THE FLEXIBILITY AND

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization

THE CENTER FOR ENRICHED LIVING, INC.

RESPONSIVENESS OF CEL TO CONTINUE PROVIDING BOTH VIRTUAL AND IN-PERSON

PROGRAMS SERVED AS A WELCOME CONSTANT IN THEIR LIVES. CEL IS PROUD TO

BE A DEPENDABLE PLACE FOR SOCIAL ENRICHMENT, LIFELONG LEARNING, AND

COMMUNITY-BASED EMPLOYMENT OPPORTUNITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

VIRTUAL EXPLORATION, DANCE, AND MOVEMENT PROGRAMS.

ADULT SOCIAL PROGRAMS - AT THE FOUNDATION OF CEL'S PROGRAMS LIES A

SOCIAL COMPONENT. SOCIAL ISOLATION IS A KEY BARRIER THAT PREVENTS

PEOPLE WITH IDD FROM LIVING THEIR FULLEST LIVES. AT CEL, THEY ARE PART

OF A DYNAMIC COMMUNITY WHERE THEIR VOICES ARE HEARD, THEIR CHOICES ARE

HONORED, AND THEIR INTERESTS AND FEEDBACK DEVELOP THE PROGRAMS THAT ARE

AVAILABLE YEAR-ROUND. CEL MEMBERS OVER THE AGE OF 21 CHOOSE FROM

PROGRAMS THAT PROVIDE OPPORTUNITIES TO MAKE FRIENDS, ENJOY NEW

EXPERIENCES, CONTINUE LEARNING IN A SUPPORTIVE ENVIRONMENT, AND MOST

IMPORTANTLY, HAVE FUN. SOCIAL INTERACTIONS CREATE COMMUNITY, STRENGTHEN

RELATIONSHIP SKILLS, AND IMPROVE HEALTH AND WELL-BEING.

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

ROBERT VIHON FAMILY RESOURCE CENTER - THE CENTER FOR ENRICHED LIVING IS

PROUD TO ANNOUNCE THE CREATION OF THE ROBERT VIHON FAMILY RESOURCE

CENTER TO ADDRESS THE URGENT NEEDS OF PEOPLE WITH INTELLECTUAL AND

DEVELOPMENT DISABILITIES (IDD), THEIR FAMILIES, AND CAREGIVERS. THIS

NEW PROGRAM WILL DRAMATICALLY EXPAND THE SCOPE OF SERVICES WE PROVIDE,

TRANSFORMING CEL INTO A REGIONAL DESTINATION FOR THOSE SEEKING RELIABLE

RESOURCES AND INFORMATION, MENTAL HEALTH COUNSELING, THERAPEUTIC AND

BEHAVIORAL SERVICES, PEER SUPPORT GROUPS, AND MORE.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization THE CENTER FOR ENRICHED LIVING, INC.

Employer identification number 36-3339009

THE ROBERT VIHON FAMILY RESOURCE CENTER (THE "VEE" CENTER) WILL BE

OPERATED BY A NEW TEAM OF STAFF, WHO ARE TRAINED AND LICENSED TO WORK

WITH THE IDD COMMUNITY: SOCIAL WORKERS, BOARD CERTIFIED BEHAVIOR

ANALYSTS (BCBA), AND CLINICAL THERAPISTS (PHYSICAL, OCCUPATIONAL,

ETC.). THE "VEE" CENTER TEAM WILL WORK WITH MEMBERS AND FAMILIES

(ONE-ON-ONE AND IN GROUPS) TO HELP THEM NAVIGATE LIFE TRANSITIONS,

CONNECT WITH CRITICAL INTERNAL AND EXTERNAL RESOURCES, AND BUILD

MEANINGFUL, INDEPENDENT LIVES.

EXPENSES \$ 80,338. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

KEY MANAGEMENT AND THE CENTER'S STAFF WORK WITH A PROFESSIONAL FINANCIAL

SERVICES FIRM TO PREPARE THE DRAFT OF THE 990. KEY MANAGEMENT THEN REVIEWS

THE DRAFT, AND A COPY IS PROVIDED TO ALL DIRECTORS PRIOR TO FINALIZATION.

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

THE ORGANIZATION ASKS THAT OFFICERS, DIRECTORS, AND MANAGEMENT SIGN OFF ON
THE CONFLICT OF INTEREST STATEMENT ANNUALLY. THE EXECUTIVE COMMITTEE WILL
REVIEW ANY CONFLICTS AND MAINTAIN A LOG. THE DIRECTOR OF DEVELOPMENT WILL
MONITOR THE AGENCY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

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

AN ANNUAL PERFORMANCE REVIEW IS CONDUCTED BY THE BOARD OF DIRECTORS; THEY

DETERMINE THE LEVEL OF THE MERIT-BASED INCREASE AND/OR BONUS BASED ON THE

PERFORMANCE REVIEW. EVERY 3-5 YEARS, THE ORGANIZATION COMPARES THE

EXECUTIVE DIRECTORS COMPENSATION WITH A COMPENSATION SURVEY/STUDY WHICH IS

PROVIDED THROUGH AN INDEPENDENT HUMAN RESOURCES SERVICE.

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Name of the organization THE CENTER FOR ENRICHED LIVING, INC.	Employer identification number 36-3339009
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST	