Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Δ	OI UI	e 2021 Calendar year, or tax year beginning	anu	enuing					
В	Check if applicat	C Name of organization			D Employer ide	entifi	cation number		
	Addr	e AVIVO							
	Name Chan	Doing business as	Doing business as						
	Initia returi	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone nu	mbe	 r		
	Final	1900 CHICAGO AVENUE SOUTH	,		612-752-8				
	termi ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		39,599,118.		
	Amer retur	ded MINNEADOLIC MN 55404	5 .		H(a) Is this a gro	up re	eturn		
	App l i tion		Y MATTER		for subordin	nates	? Yes X No		
	pend	SAME AS C ABOVE			H(b) Are all subordin				
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) (◄ (insert no.) 4947(a)(1)	or 527	1		list. See instructions		
J	Webs	te: HTTPS://AVIVOMN.ORG			H(c) Group exem				
			ssociation Other >	L Year	of formation: 1956		■ State of legal domicile: MN		
	art I	Summary			-		<u> </u>		
	1	Briefly describe the organization's mission or most	significant activities: AVIVO	INCREASES	WELL-BEING				
Activities & Governance		THROUGH RECOVERY AND CAREER ADVANCEME							
nar	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its ne	et ass	sets.		
Ver	3	Number of voting members of the governing body				3	18		
ဗိ	4	Number of independent voting members of the go	, , , , , , , , , , , , , , , , , , , ,			4	18		
ა თ	5	Total number of individuals employed in calendar				5	538		
ij	6	Total number of volunteers (estimate if necessary)				6	1269		
ţį	7 a	Total unrelated business revenue from Part VIII, co				7a	0.		
ĕ	b	Net unrelated business taxable income from Form				7b	0.		
	 ~				Prior Year	1	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)			24,171,4	47.	26,201,154.		
	9	5 (5		11,642,3	_	13,230,385.			
ě	10	, , , , , , , , , , , , , , , , , , , ,	ogram service revenue (Part VIII, line 2g) restment income (Part VIII, column (A), lines 3, 4, and 7d)						
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d		-69,0 2,5	_	19,111. 148,468.			
	12	Total revenue - add lines 8 through 11 (must equal		35,747,3		39,599,118.			
	13	Grants and similar amounts paid (Part IX, column (5,943,9		5,083,468.		
	14	Benefits paid to or for members (Part IX, column (<u> </u>	0.	0.		
	4-	Salaries, other compensation, employee benefits (, , , , , , , , , , , , , , , , , , , ,		18,811,5	82.	21,419,777.		
Expenses	16a	Professional fundraising fees (Part IX, column (A),			<u>, , , , , , , , , , , , , , , , , , , </u>	0.	0.		
ben	h	Total fundraising expenses (Part IX, column (D), lin							
Š	17	Other expenses (Part IX, column (A), lines 11a-11d	· · · · · · · · · · · · · · · · · · ·		6,526,1	47.	9,058,895.		
	18	Total expenses. Add lines 13-17 (must equal Part I			31,281,7		35,562,140.		
	19	Revenue less expenses. Subtract line 18 from line			4,465,6	53.	4,036,978.		
or or		The second contract of	·=		ginning of Current Y		End of Year		
ets	20	Total assets (Part X, line 16)			29,856,2		27,736,019.		
Net Assets or	21	Total liabilities (Part X, line 26)			21,512,0		15,354,806.		
Net	22	Net assets or fund balances. Subtract line 21 from	line 20		8,344,235.		12,381,213.		
Pa	art II	Signature Block							
Und	ler pen	alties of perjury, I declare that I have examined this return	including accompanying schedules	s and stateme	ents, and to the best	of my	knowledge and belief, it is		
		ct, and complete. Declaration of preparer (other than office					,		
	-		•						
Sig	n	Signature of officer			Date				
Her		KELLY MATTER, PRESIDENT/CEO							
	-	Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date Che	ck	PTIN		
Paid	d	DANIEL PERSAUD	DANIEL PERSAUD	0	5/12/22 if self-	emp l oy	P01603513		
	parer	Firm's name CLIFTONLARSONALLEN LLP	•	·	Firm's EIN		41-0746749		
	Only	Firm's address 220 S 6TH STREET, SUITE	300						
	•	MINNEAPOLIS, MN 55402			Phone no.	612	-376-4500		
Ma	y the l	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No		

Form 990 (2021) AVIVO
Part III Statement of Program Service Accomplishments 41-0828779 Page 2

	Check if Schedule O contains a response or note to any line in this Part III	7
1	Briefly describe the organization's mission:	
	AVIVO INCREASES WELL-BEING THROUGH RECOVERY AND CAREER ADVANCEMENT	
	WHILE WORKING TO END HOMELESSNESS.	_
		_
 2	Did the organization undertake any significant program services during the year which were not listed on the	_
_	prior Form 990 or 990-EZ?	J۸
	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 N	J۸
	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 \$ 15,715,391including grants of \$ 4,085,467.) (Revenue \$ 13,230,385.	.)
	ENDING HOMELESSNESS-	- ′
	AVIVO'S ENDING HOMELESSNES DIVISION UNIQUELY PAIRS HOUSING AND SHELTER	_
	SERVICES WITH MEDICAL CARE, TREATMENT, EMPLOYMENT SERVICES AND TRAINING	_
	DEPENDING ON THE INDIVIDUAL'S NEEDS TO SUPPORT PEOPLE EXPERIENCING	_
	HOMELESSNESS FIND AND KEEP PERMANENT HOUSING, SHELTER AND SUPPORT IN	_
	ORDER TO TAKE THEIR NEXT BEST STEPS TO STABILITY AND HEALTHIER	
	WELL-BEING.	
4b	(Code:) (Expenses \$8,523,610. including grants of \$186,625.) (Revenue \$\$	<u>·</u>)
	INTEGRATED CHEMICAL & MENTAL HEALTH SERVICES-	_
	AVIVO'S CHEMICAL AND MENTAL HEALTH TEAM PROVIDES INTEGRATED OUTPATIENT	
	AND RESIDENTIAL SUBSTANCE USE AND MENTAL HEALTH TREATMENT. MANY OF THE	
	INDIVIDUALS WE SERVE ARE EXPERIENCING HOMELESSNESS AND/OR ARE LIVING IN	_
	POVERTY. WE SPECIALIZE IN CLINICAL TREATMENT, RECOVERY MAINTENANCE,	
	AND SUPPORTIVE SERVICES FOR MEN AND WOMEN, AS WELL AS FAMILY SERVICES	_
	FOR THE CHILDREN OF PARTICIPANTS. ADDITIONALLY, AVIVO PROVIDES	
	COMMUNITY-BASED CHEMICAL AND MENTAL HEALTH AND HOUSING SUPPORT TO	
	SUPPORT RECOVERY AND WORK TO END HOMELESSNESS.	
		—
4c	(Code:) (Expenses \$ 7 , 474 , 575 _ including grants of \$ 811 , 376 .) (Revenue \$ 0 .	.)
40	CAREER EDUCATION & EMPLOYMENT SERVICES-	<u>'</u> '
	AVIVO'S LICENSED AND ACCREDITED INSTITUTE FOR CAREER AND TECHNICAL	
	TRAINING PROVIDES A BROAD RANGE OF ASSESSMENT AND SHORT-TERM	_
	CONTEXTUALIZED, CREDENTIALED, INDUSTRY APPROVED POST-SECONDARY	_
	CAREER-BASED TRAINING. STUDENTS EARN CREDENTIALS THAT ARE RECOGNIZED BY	
	INDUSTRY AND CREDITS THAT CAN TRANSFER TO ACCREDITED 2- AND 4-YEAR	
	COLLEGES.	
		_
	AVIVO'S EMPLOYMENT AND FAMILY SERVICES INCLUDE A COMPREHENSIVE ARRAY OF	
	ASSISTANCE DESIGNED TO PREPARE PEOPLE FOR AND CONNECT PEOPLE TO	_
	EMPLOYMENT AND CAREERS. WE SPECIALIZE IN SERVING INDIVIDUALS MOVING OFF	_
	PUBLIC ASSISTANCE (MFIP), AT-RISK YOUTH AGES 14-24, DISLOCATED WORKERS,	
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4</u> e	Total program service expenses ► 31,713,576.	_
_		_

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AVIVO

Form 990 (2021) AVIVO
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	├		
Ü	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	٣		-
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	_ ا		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	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			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
. •	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	gotomination activity columnity y, into the interest configured, Faits Land II			

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Form	1990 (2021) AVIVO 41-082	3779	Р	Page 4
Pa	t IV Checklist of Required Schedules (continued)		Τ	Τ
			Yes	No_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		٠,,	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	├
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	
	Schedule J	. 23	Х	<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	. 24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	. 24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	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		х
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		х
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	I		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				
_	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
·	"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			х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
-		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	. 52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		T
34	·	34	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X	\vdash
		35a	<u> </u>	\vdash
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	OEL.		x
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			 ^
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		<u>^</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Х	
ı a	Charle (College In Constitution and American English In College In			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	275	168	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
U	(gambling) winnings to prize winners?	. 1c	х	
	(O	<u>. 10 </u>		

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	990 (2021) AVIVO		41-082877	9	F	age 5
Par	t 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,		F20			
-	filed for the calendar year ending with or within the year covered by this return	2a	538		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			_		ļ ,,
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		+
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•		١.		,
	financial account in a foreign country (such as a bank account, securities account, or other financial a	.ccount)?		4a		Х
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 Activities to the control of the control o			_		
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		┿
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	Ū		_		•
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	•		۱		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		: de al les des areas - 0	_	х	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	┼
b				7b		┼
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l _		•
_	to file Form 8282?	1 1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		╀
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		\vdash
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-				
_				8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		\vdash
b				9b		
10	Section 501(c)(7) organizations. Enter:	المدا				
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
b		[10b				
11	Section 501(c)(12) organizations. Enter:	المدا				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412		40-		
		1041? 12b		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u> 120 </u>				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			120		
а	Note: See the instructions for additional information the organization must report on Schedule O.			13a		
h						
b		126				
_	organization is licensed to issue qualified health plans	13b		ł		
	Enter the amount of reserves on hand	13c		140		х
				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			14b		\vdash
15				4.5		x
	excess parachute payment(s) during the year?			15		<u> </u>
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incor)	40		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	. income'	••••••	16		<u> </u>
47	If "Yes," complete Form 4720, Schedule O. Section 501(a)(31) arganizations. Did the trust, any disqualified person, or mine appraise in	anv.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		

Form 990 (2021) AVIVO 41-0828779 Page **6**

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
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			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)-	s on l y)	avai l al	b l e
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d 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 books and records			
	KELLY MATTER - 612-752-8000			
	1900 CHICAGO AVENUE SOUTH, MINNEAPOLIS, MN 55404			

Form 990 (2021) AVIVO 41-0828779 Page **7**

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not cl , unle:	Pos heck ss pe	rson i	than o s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KELLY MATTER	40.00									
PRESIDENT AND CEO	1.00			Х				248,760.	0.	1,896.
(2) DARCY FLINN	40.00	ļ								
CFO/COO	1.00			Х				186,549.	0.	24,890.
(3) BRUCE WENGER	40.00	ļ								
VP EXTERNAL RELATIONS	1.00			Х				147,502.	0.	1,393.
(4) CHARLES MORGAN	40.00								_	
VP OF RECOVERY SERVICES	1.00			Х				120,055.	0.	20,327.
(5) ERIK AAMOTH	40.00	ļ							_	
VP OF CAREER EDUCATION & EMPLOYMENT	1.00			Х		_		131,840.	0.	1,242.
(6) JILL BUTLER	2.00	ļ							_	
CHAIR		Х		Х		_		0.	0.	0.
(7) CHARLES ABRAHAMSON	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(8) DARRELL TUKUA	2.00			l						
DIRECTOR		Х		Х		_		0.	0.	0.
(9) DAN JAEGER	2.00									
EXTERNAL RELATIONS CHAIR	0.00	Х		Х		-	_	0.	0.	0.
(10) CHRISTOPHER TOPPIN	2.00	١,,		ļ ,,						0
TREASURER	2.00	Х		Х				0.	0.	0.
(11) DR. THOMAS KEUL SECRETARY	2.00	x		x				0.	0.	0
(12) CARLTON AMMONS	2.00	Λ		_		┢	_	0.	· ·	0.
DIRECTOR	2.00	х						0.	0.	0.
(13) JASON BEUMER	2.00	71						· · · · · · · · · · · · · · · · · · ·	· · ·	<u>.</u>
DIRECTOR	2.00	х						0.	0.	0.
(14) DR. NICOLE COOPER	2.00							•	· ·	
DIRECTOR		х						0.	0.	0.
(15) EMILY HEBERT	2.00					\vdash	\vdash	· ·	•	
DIRECTOR		х						0.	0.	0.
(16) JOSHUA KRSNAK	2.00	Ė						·	-	
DIRECTOR		х						0.	0.	0.
(17) LAVELLE NEAL	2.00									
DIRECTOR		х						0.	0.	0.
132007 12 00 21								1		Form 990 (2021)

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Form 990 (2021) AVIVO									41-082877	9	Pa	age o
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do	Position (do not check more than one		Reportab l e	Reportab l e	Es	stimate	∍d			
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	ar	nount (of
	week	\vdash	cer ar	nd a d I	irecto	r/trus	tee)	from	from related		other	
	(list any	ector						the	organizations	com	npensa	tion
	hours for	or dir	ص ا			ted		organization	(W-2/1099-MISC/	l	rom the	
	related	stee (ruste			esuac		(W-2/1099-MISC/	1099-NEC)	ı ~	janizati	
	organizations	al tru	ona t		loyee	comi		1099-NEC)		l	d relate	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anizatio	ons
	line)	pu	lus	#0	Key	iğ E	For					
(18) KATHRYN SCHOENROCK	2.00								_			
DIRECTOR		Х						0.	0.			<u>0.</u>
(19) MARK SKUBIC	2.00											
DIRECTOR		Х						0.	0.			0.
(20) CHAD UNDERWOOD	2.00								_			
DIRECTOR		Х						0.	0.			0.
(21) BRIAN VAN ABEL	2,00								0			•
DIRECTOR (CO.) WARM DEVI MOST INC.	0.00	Х	_	_	_	_	_	0.	0.			0.
(22) KATHLEEN MCCLUNG	2.00								•			•
DIRECTOR		Х		_		_	_	0.	0.			<u>0.</u>
(23) RON ZWEBER	2.00								_			
DIRECTOR		Х		_		_	_	0.	0.			0.
				_		_						
1b Subtotal	L		<u> </u>	·	<u> </u>		—	834,706.	0.		49,	748.
c Total from continuation sheets to Part V								0.	0.			0.
d Total (add lines 1b and 1c)							•	834,706.	0.		49,	748.
2 Total number of individuals (including but							o re	ceived more than \$100,	000 of reportable			
compensation from the organization						,		,	•			13
											Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	ey e	empl	oye	e, or	hig	hest compensated empl	loyee on			
line 1a? If "Yes," complete Schedule J for			•		•		_	·	•	3		х
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		4	х	
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes." col	mplete Schedule	e J fo	or su	ıch į	oers	on .				5		Х
Section B. Independent Contractors												

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

(A) Name and business address	(B) Description of services	(C) Compensation
AEGIS LOGISTICS, LLC		
PO BOX 482, MINNEAPOLIS, MN 55303	SECURITY SERVICES	359,031.
AMERICAN SECURITY, LLC		
MI 93 PO BOX 1150, MINNEAPOLIS, MN 55480	SECURITY SERVICES	273,044.
MARSH USA INC, 62886 COLLECTION CENTER		
DRIVE, CHICAGO, IL 60693	INSURANCE SERVICES	125,862.
INTERSTATE TRUCK DRIVING SCHOOL, 499		
VILLAUME AVENUE, SOUTH SAINT PAUL, MN	SCHOOLING SERVICES	121,435.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	

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Form 990 (2021) AVIVO
Part VIII Statement of Revenue

		Check if Schedule O contains a re	sponse (or note to any lin	e in this Part VIII			
			<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns	la	312,499.				
ant			lb	, -				
رة <u>و</u>			lc					
fts, r A			id					
nje.			le	23,953,128.				
Siz		All other contributions, gifts, grants, and		, , -				
le ti	•		lf	1,935,527.				
텵	а		lg \$, ,				
Contributions, Gifts, Grants and Other Similar Amounts	•	Total. Add lines 1a-1f			26,201,154.			
				Business Code				
o l	2 a	PROGRAM SERVICE FEES		624100	13,174,497.	13,174,497.		
Program Service Revenue	b	RENTAL INCOME - PROGRA		624100	55,888.	55,888.		
Sel	С							
am	d							
g	е							
Ŗ	f	All other program service revenue						
	g	Total. Add lines 2a-2f		>	13,230,385.			
	3	Investment income (including dividend	ls, intere	st, and				
		other similar amounts)		>	5,121.			5,121.
	4	Income from investment of tax-exempt	bond p	roceeds >				
	5	Royalties						
		(i) F	Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
	7 a		urities	(ii) Other				
		assets other than inventory 7a		13,990.				
	b	Less: cost or other basis						
nue		and sales expenses 7b		0.				
Revenue		Gain or (loss)7c		13,990.	12 000			12 000
		Net gain or (loss)		b	13,990.			13,990.
ther	8 a	Gross income from fundraising events (no						
₽		including \$ (
		contributions reported on line 1c). See						
	h	Part IV, line 18 Less: direct expenses						
		Net income or (loss) from fundraising e						
		Gross income from gaming activities.						
	Ju	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gaming activ						
		Gross sales of inventory, less returns						
		and allowances	10a					
	b	Less: cost of goods sold						
		Net income or (loss) from sales of inve		•				
, Τ				Business Code				
oui,	11 a	MISCELLANEOUS REVENUE		900099	148,468.			148,468.
ane and	b							
Miscellaneous Revenue	С							
Nis H	d	All other revenue						
	е	Total. Add lines 11a-11d			148,468.			
	12	Total revenue. See instructions	<u> </u>	.	39,599,118.	13,230,385.	0.	167,579.

132009 12-09-21

Part IX Statement of Functional Expenses

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

Do n	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
7b, 8	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic	E 002 460	E 002 460		
	individuals. See Part IV, line 22	5,083,468.	5,083,468.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	004 454	707 563	176 901	
	trustees, and key employees	884,454.	707,563.	176,891.	
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	17 270 067	15 246 966	1 761 420	271 662
	Other salaries and wages	17,379,967.	15,346,866.	1,761,439.	271,662
	Pension plan accruals and contributions (include	100 606	352 340	44,049.	4,297
	section 401(k) and 403(b) employer contributions)	400,686. 1,572,716.	352,340. 1,384,009.	171,699.	17,008
	Other employee benefits				•
	Payroll taxes	1,181,954.	1,044,192.	119,523.	18,239
	Fees for services (nonemployees):				
	Management	3,700.		3,700.	
	Legal	54,905.		54,905.	
	Accounting	49,333.		49,333.	
	Lobbying	49,333.		49,555.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,	975,085.	602,513.	56,113.	316,459
	column (A), amount, list line 11g expenses on Sch O.)	21,534.	002,313.	21,534.	310,437
	Advertising and promotion	1,379,470.	1,229,248.	134,826.	15,396
	Office expenses	1,375,170.	1,225,240.	134,020.	13,330
	Information technology				
	Royalties	3,608,209.	3,439,787.	147,296.	21,126
	Occupancy	104,051.	102,952.	1,093.	6
	Travel	101,001.	102,302.	1,030.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials Conferences, conventions, and meetings	146,902.	79,299.	51,674.	15,929
		377,524.	372,451.	2,961.	2,112
	Payments to affiliates	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.2,151.	-,,,,,,	2,112
	Depreciation, depletion, and amortization	1,173,941.	992,952.	178,757.	2,232
		192,437.	121,068.	69,137.	2,232
	Other expenses. Itemize expenses not covered	222,2276	,		2,202
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.) EQUIPMENT PURCHASES REN	452,772.	411,348.	36,708.	4,716
u	BAD DEBT	370,400.	370,400.	30,700.	4,710
~	OTHER EXPENSES	101,294.	69,721.	25,985.	5,588
•	MEMBERSHIPS	47,338.	3,399.	43,569.	3,300
۵.	All other expenses	47,550.	3,333.	=0,000.	370
	Total functional expenses. Add lines 1 through 24e	35,562,140.	31,713,576.	3,151,192.	697,372
	Joint costs. Complete this line only if the organization	55,552,110.	,,,,,,,,,,	· , 101 , 102 .	337,372
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	oddodaonai odinpaigii anu iunuraisiny sonoitation.				

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Form 990 (2021)
Part X Balance Sheet

Par	t X	Balance Sheet					_
		Check if Schedule O contains a response or	note to ar	ny line in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1		
	2	Savings and temporary cash investments			6,756,559.	2	5,389,051
	3	Pledges and grants receivable, net		166,744.	3	366,000	
	4	Accounts receivable, net	4,199,555.	4	3,386,847		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantia l	contributor, or 35%			
		controlled entity or family member of any of t	these pers	sons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	ibed in sed	ction 4958(c)(3)(B)		6	
ங	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
ĕ	9	Donated and a second defended also and			928,196.	9	967,880
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	27,681,935.			
	b	Less: accumulated depreciation	10b	10,509,941.	17,732,036.	10c	17,171,994
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, Iir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	73,191.	15	454,24		
	16	Total assets. Add lines 1 through 15 (must e		1	29,856,281.	16	27,736,019
	17	Accounts payable and accrued expenses			3,502,305.	17	2,232,003
	18	Grants payable		18			
	19	Deferred revenue	254,979.	19	(
	20	Tax-exempt bond liabilities			4,653,782.	20	4,382,393
	21	Escrow or custodial account liability. Comple				21	
ß	22	Loans and other payables to any current or for					
Ė		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
ןנֿי	23	Secured mortgages and notes payable to un			8,564,101.	23	5,295,186
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D			4,536,879.	25	3,445,224
	26	Total liabilities. Add lines 17 through 25			21,512,046.	26	15,354,806
		Organizations that follow FASB ASC 958, o					
ės		and complete lines 27, 28, 32, and 33.		, <u> </u>			
auc	27	Net assets without donor restrictions			6,368,765.	27	10,547,823
Bal	28	Net assets with donor restrictions			1,975,470.	28	1,833,390
힏		Organizations that do not follow FASB AS					
Ξ		and complete lines 29 through 33.	•	, —			
ō	29	Capital stock or trust principal, or current fur	nds			29	
sets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			8,344,235.	32	12,381,213
_	33	Total liabilities and net assets/fund balances			29,856,281.	33	27,736,019

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Pai	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		599,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,	562,	140.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,	036,	978.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,	344,	235.
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	12,	381,	213.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
			\blacksquare	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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X 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 Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2021)

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization 41-0828779 AVTVO Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). 2 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 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 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 12q. 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 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 (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

500	tails to quality under the tests	ilsted below, pleas	se complete Fait ii	1.)			
	• • • • • • • • • • • • • • • • • • • •		# \ 0040		/ n 2222		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	17 206 904	17 226 025	17 077 405	24 171 447	26 201 154	100 000 605
_	include any "unusual grants.")	17,306,804.	17,336,825.	17,977,405.	24,171,447.	26,201,154.	102,993,635.
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	17 206 904	17 226 025	17 077 405	24 171 447	26,201,154.	102 002 625
	Total. Add lines 1 through 3	17,306,804.	17,336,825.	17,977,405.	24,171,447.	26,201,154.	102,993,635.
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)						
_	· · · · · · · · · · · · · · · · · · ·						102 002 625
	Public support. Subtract line 5 from line 4.						102,993,635.
	• • • • • • • • • • • • • • • • • • • •	(1) 0047	# \ 0010	(.) 0010	(I) 0000	(1) 0001	(0 T-+-I
	ndar year (or fiscal year beginning in)	(a) 2017 17,306,804.	(b) 2018 17,336,825.	(c) 2019 17,977,405.	(d) 2020 24,171,447.	(e) 2021 26,201,154.	(f) Total 102,993,635.
	Amounts from line 4	17,300,004.	17,330,023.	17,577,405.	24,1/1,44/.	20,201,154.	102,333,033.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	167.	2.		3,426.	5,121.	8,716.
_	and income from similar sources Net income from unrelated business	107.	2.		3,420.	3,121.	0,710.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	25,942.	12,831.	13,058.	2,542.	147,929.	202,302.
11	Total support. Add lines 7 through 10		,		_,		103,204,653.
12	Gross receipts from related activities,	etc (see instruction	ine)			12	56,993,283.
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax v	vear as a section 5		, , , .
.0	organization, check this box and stor	•	ot, oddoria, triira, r	ourtin, or marriax y	odi do d dodion o	01(0)(0)	ightharpoonup
Sec	ction C. Computation of Publi		centage				
	Public support percentage for 2021 (I			olumn (f))		14	99.80 %
15	Public support percentage from 2020					15	99.91 %
16a	33 1/3% support test - 2021. If the					ore, check this box	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2020. If the	organization did no	t check a box on l i	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	lifies as a pub l icly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qua l ifies as a pul	blicly supported or	ganization		>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on l ine	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	nd see instructions	s >

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)					ļ	
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
_							>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I		=	co l umn (f))		15	%
16	Public support percentage from 2020					16	%
_	ction D. Computation of Inves						
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						7 is not
	more than 33 1/3%, check this box ar	-					
k	33 1/3% support tests - 2020. If the	•					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	▶Ш

132023 01-04-22 Schedule A (Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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		
3a		
26		
3b		
3с		
- 55		
4a		
4b		
4c		
50		
5a		
5b		
5c		
6		
7		
8		
9a		
3.5		
9b		
9c		
10a		
10b		L

Schedule A (Form 990) 2021 AVIVO 41-0828779 Page 5
Part IV | Supporting Organizations (continued)

га	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		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	don 21 Type I cupper ung engamentene		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
500	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations		V	NI-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
'	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	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	a		
	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.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optiona l)
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 (optiona l)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting orga	nization (see
	instructions).			·

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 AVIVO 43				41-0828779	Page 7	
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)		
Secti	on D - Distributions				Current Ye	ear
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	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 th	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributal Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
С	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					

Schedule A (Form 990) 2021

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

41-0828779 AVTVO Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 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 Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

41-0828779

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
1	HENNEPIN COUNTY 300 S 6TH ST MINNEAPOLIS, MN 55487	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STATE OF MINNESOTA DEPT OF HUMAN SERVICES 444 LAFAYETTE RD SAINT PAUL, MN 55155	\$\$,071.	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
3	HEARTH CONNECTION 2446 UNIVERSITY AVE W, SUITE 150 SAINT PAUL, MN 55114	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4 STEARNS COUNTY 705 COURTHOUSE SQ SAINT CLOUD, MN 56303	# 1,268,761.	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	MN DEPT OF EMPLOYMENT & ECONOMIC DEVELOPMENT 332 MINNESOTA STREET, SUITE E200 ST PAUL, MN 55101	\$ 1,099,214.	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	DAKOTA COUNTY ONE MENDOTA RD, SUITE 1 WEST ST. PAUL, MN 55118	\$ 983,244.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
	44 0000000
AVTVO	41-0828779

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RAMSEY COUNTY 15 W KELLOGG BLVD SAINT PAUL, MN 55102	\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4 U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 457 7TH ST W WASHINGTON, DC 20410	\$ \$ 730,451.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CITY OF MINNEAPOLIS 105 5TH AVE SOUTH #200 MINNEAPOLIS, MN 55401	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	* Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b) Name address and ZIP + 4	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.

Name of organization

Employer identification number

41-0828779

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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
		 \$	

Name of or	ganization		Employer identification number
AVIVO			41-0828779
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional second	through (e) and the following line en haritable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, an	dd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, an	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	t Relationship of transferor to transferee
	ir ansieree s name, address, an	G AIF T T	nciauonanip oi d'anaici oi to d'alisièlee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	3ection 301(c)(4), (3), or (6) organizar	tions. Complete Fart III.			
Nam	ne of organization			Emp	loyer identification number
	AVIVO				41-0828779
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	0.
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)((3) .	
	Enter the amount of any excise tax	-		•	0.
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	janization is exempt und	er section 501(c),	except section 501(c	:)(3).
	Enter the amount directly expended Enter the amount of the filing organ	ization's funds contributed to otl	her organizations for se	ection 527	3
	exempt function activities				·
3	Total exempt function expenditures				
	line 17b				
4	Did the filing organization file Form				
5	Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	tion listed, enter the amount paid omptly and directly delivered to a	d from the filing organized separate political organized	zation's funds. Also enter the anization, such as a separat	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021	AVIVO)828779 Page 2
Part II-A Complete if the org	ganization is ex	empt under sectio	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
	=	= ::	in Part IV each affiliated	group member's nam	ie, address, EIN,
. — ' '	re of excess lobbyir	,			
B Check ▶ if the filing organization	ation checked box A	A and "limited control" pr	ovisions apply.		T
	its on Lobbying Ex ditures" means an	penditures nounts paid or incurred	.)	(a) Fi l ing organization's tota l s	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence pub l ic opinic	n (grassroots lobbying)			
b Total lobbying expenditures to infl	uence a legislative l	oody (direct lobbying)			
c Total lobbying expenditures (add I	ines 1a and 1b)				
d Other exempt purpose expenditur	es				
e Total exempt purpose expenditure	es (add l ines 1c and	1d)			
f Lobbying nontaxable amount. Ent	er the amount from	the following table in bo	th columns.		
If the amount on line 1e, column (a)	or (b) is: The	lobbying nontaxable ar	nount is:		
Not over \$500,000	20%	of the amount on line 1e).		
Over \$500,000 but not over \$1,00	0,000 \$100	,000 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175	5,000 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225	,000 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,0	00,000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If ze	ro or less, enter -0-				
i Subtract line 1f from line 1c. If zer					
j If there is an amount other than ze	ero on either line 1h	or line 1i, did the organiz	zation fi l e Form 4720		
reporting section 4911 tax for this	year?				Yes No
		Averaging Period Unde	` '		
(Some organizations t			t have to complete all o	f the five columns b	elow.
	-	parate instructions for I penditures During 4-Ye			
		penditures During 4-16	Averaging Feriou		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					

Schedule C (Form 990) 2021

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С			X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		40 222
į	Other activities?	Х			49,333.
j	Total. Add lines 1c through 1i		37		49,333.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? † III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(^g	5) or sec	tion	
ı aı	501(c)(6).	11 50 1 (0)(0	<i>)</i> , or sec	, cion	
	55.(5)(5).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		- 110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
_	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3. is
	answered "Yes."		` '	•	•
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а			2a		
	Carryover from last year				
С	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART	II-B, LINE 1, LOBBYING ACTIVITIES:				
A RI	TAINER WAS PAID A THIRD PARTY TO LOBBY ON THE BEHALF OF AVIVO WITH				
RESI	PECT TO LEGISLATION THAT IMPACTS FUNDING FOR PROGRAMS THAT IMPACT				
THOS	SE SERVED BY THE ORGANIZATION.				

Schedule C (Form 990) 2021

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

AVIVO

Employer identification number 41 - 0828779

Pai	rt I Organizations Maintaining Donor Advised Funds or Other Si	milar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		•
	(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets hel	d in donor advised fund	ds
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra	nt funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any	other purpose conferr	ing
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the organization answered "Yes	" on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	1	
	Preservation of land for public use (for example, recreation or education)	Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	ition in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguished, or to	erminated by the organi	zation during the tax
	year >		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	=	
^		d onforcing concernation	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, an	a enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enf	oreing consequation on	soments during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enil	ording conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section 170(h)(/)(R)	(i)
0			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its reven		
9	balance sheet, and include, if applicable, the text of the footnote to the organization's	·	
	organization's accounting for conservation easements.	manoiai statomonts tri	at describes the
Pai	rt III Organizations Maintaining Collections of Art, Historical Trea	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	,	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its reve	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education,		
	service, provide in Part XIII the text of the footnote to its financial statements that desc		·
b			sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or		
	provide the following amounts relating to these items:		,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar as		
	the following amounts required to be reported under FASB ASC 958 relating to these	= '	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 <u> Page</u> **2** Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program Scholarly research b Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included X No on Form 990, Part X? Yes If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c Additions during the year 1d Distributions during the year 1e Ending balance X No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation

Schedule D (Form 990) 2021

6,362,594.

1,980,467,

2,166,880.

1,098,400.

509,763.

3,320,488.

17,171,994.

12,243,343

Other

1a Land

b Buildingsc Leasehold improvements

d Equipment

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

1,098,400

18,605,937.

2,490,230.

5,487,368.

Schedule D (Form 990) 2021 AVIVO		4.1	0828779 Page 3
Part VII Investments - Other Securities.	5 000 D 1 N/ E	441.0.5.000.0.17.17.40	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	l of year market value
(A) E: 11111	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			l =£=
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	i-or-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n 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) REFUNDABLE ADVANCES			14,280.
(3) LEADERSHIP BONUS ACCRUAL			133,123.
(4) OPERATING LEASE LIABILITY			3,297,821.
(5)			
(6)			
(7)			
(8)			
(9)	05.1	.	3,445,224.
Total. (Column (b) must equal Form 990. Part X. col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide t			
organization's liability for uncertain tax positions under F		_	
		and the state of t	

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 AVIVO		41-0828779	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts With Reve	nue per Return.	r ago
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а		2a		
b				
С				
d				
е		·	2e	
3	Subtract line 2e from line 1		3	
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines 1b and 2l	o; Part V, line 4; Part X, line 2; Part XI	l,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional information		
PAR'	F X, LINE 2:			
THE	ORGANIZATION IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER	SECTION		
501	(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS NOT SU	BJECT TO		
FED!	ERAL INCOME TAXES. AS SUCH, IT IS SUBJECT TO FEDERAL AND STATE	INCOME		
TAX	ES ON NET UNRELATED BUSINESS INCOME. THE ORGANIZATION CURRENTLY	HAS NO		
UNR	ELATED BUSINESS INCOME.			
THE	ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIE	S IN		

EVALUATING UNCERTAIN TAX POSITIONS AND FILES AS A TAX-EXEMPT ORGANIZATION.

SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION

COULD BE SUBJECT TO REVIEW BY THE INTERNAL REVENUE SERVICE (IRS).

Schedule D (Form 990) 2021 AVIVO	41-0828779	Page 5
Schedule D (Form 990) 2021 AVIVO Part XIII Supplemental Information (continued)		
(Solitarios)		

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

Open to Public Inspection

Nam	Name of the organization AVIVO							Employer identification number 41-0828779	n number 779
Ра	Part I General Information on Grants and Assistance	and Assistance							
-	Does the organization maintain records to substantiate the amount of	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	•	
	criteria used to award the grants or assistance?	istance?						X Yes	<u>2</u>
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the United	d States.				
Ра	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organi \$5,000. Part II can		c Governments. (ional space is need	Somplete if the orgaed.	anization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ed if additional space is needed.	IV, line 21, for any	
	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	rant
8	Enter total number of section 501(c)(3) and government organizations	and government or	ganizations listed in the	listed in the line 1 table					
က	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	٤, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2021	90) 2021

Page 2 41-0828779

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated it additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CLOTHING ASSISTANCE	214	0.	.696,9	FMV	STORED VALUE CARDS
HOUSING ASSISTANCE	1045	• 0	3,676,555.	FMV	HOUSING RELATED PAYMENTS TO LANDLORDS/UTILITIES
FOOD ASSISTANCE	1444	•0	291,540.	FMV	STORED VALUE CARDS AND MEALS
LEGAL ASSISTANCE	85	.0	2,368.	FMV	ASSISTANCE WITH DOCUMENT REQUIREMENTS
EDUCATION ASSISTANCE	2207	0.	491,259.	FMV	TRAINING AND TUITION ASSISTANCE
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III,	uired in Part I, lin	e 2; Part III, column	column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
ELIGIBILITY, SELECTION AND SUBSTANTIATION REQUIREMENTS ARE		SPECIFIED BY THE			
GRANTING ENTITIES, ALL SUCH REQUIREMENTS ARE DOCUMENTED ACCORDING TO	ENTED ACCORDI	NG TO THE			
GRANTOR'S SPECIFICATIONS. ALL REQUESTS FOR GRANT AND ASSISTANCE PAYMENTS	ND ASSISTANCE	PAYMENTS			
ARE DOCUMENTED AND APPROVED PRIOR TO PAYMENT, PAYME	PAYMENTS ARE GENE	GENERALLY MADE			
TO APPROPRIATE SERVICE OR PRODUCT VENDORS RATHER THAN	HAN DIRECTLY TO	то тне			
PROGRAM PARTICIPANT,					

Schedule I (Form 990)	AVIVO				41-0828779	Page 2
Part III Continuation of	on of Grants and Other Assistance to Domes	stic Individuals (Sche	dule I (Form 990)), Part III.)		

(b) Number of (c) Amount of grant or assistance in Domestic Individuals (Schedule I (Form 350), Fart III.) (b) Number of (c) Amount of (d) Amount of cash grant cash ass	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRANSPORTATION ASSISTANCE	2,290.	.0	280,049.FMV	FMV	STORED VALUE CARDS FOR PUBLIC TRANSIT AND FUEL
PERSONAL NEEDS	.665	•0	334,728.	FMV	MISCELLANEOUS PERSONAL NEEDS ASSISTANCE
					Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Name of the organization

AVIVO

Part I Questions Regarding Compensation

Employer identification number
41-0828779

			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,		162	INU
ıa	Part VII, Section A, line 1a. Complete Part III to provide any or the information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Discretionary spending account Personal services (such as maid, chadned)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
D	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,	110		
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	trustees, and officers, frictioning the OLO/Executive Director, regarding the items checked of line 1a:			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
J	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 Independent compensation consultant Written employment contract Compensation survey or study 			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4				
	organization or a related organization:	4		Х
а	1,7	4a		<u>x</u>
b		4b		<u>x</u>
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	contingent on the revenues of:			
а	T	5a		Х
	Any related organization?	5b		
U	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			
Ŭ	contingent on the net earnings of:			
а	The organization?	6a		Х
h	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			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		
	Regulations section 53,4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KELLY MATTER	Ξ	248,760.	0	0	1,896.	0	250,656.	0.
PRESIDENT AND CEO	Ξ	0	0	0	0	0	0	0
(2) DARCY FLINN	Θ	186,549.	0.	• 0	2,014.	22,876.	211,439.	0.
CFO/COO	(ii)	0	0.	• 0	• 0	0	• 0	0.
	Θ							
	(ii)							
	Θ							
	(ii)							
	(i)							
	Ξ							
	Ξ							
	Ξ							
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	(i)							
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132112 11-02-21							Schedu	Schedule J (Form 990) 2021

132113 11-02-21

SCHEDULEK

(Form 990)

► Attach to Form 990. Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

the Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047 2021

ž (i) Pooled financing Employer identification number × × Yes (g) Defeased (h) On behalf Yes No × of issuer 41-0828779 Ŷ × × Yes BONDS AND MORTGAGE NOTES (f) Description of purpose TO REFINANCE EXISTING 1,750,000, CAPITAL PROJECTS 3,913,000. (e) Issue price (d) Date issued 05/31/17 09/13/18 SEE PART VI FOR COLUMN (F) CONTINUATIONS (c) CUSIP # NONE NONE (b) Issuer EIN 41-6009115 MINNEAPOLIS COMMUNITY DEVELOPMENT AVIVO CITY OF LANDFALL VILLAGE (a) Issuer name Name of the organization Bond Issues Proceeds B AGENCY Part II Part

⋖

ပ

		,	A		В	C		D	
-	1 Amount of bonds retired		598,350.		191,840.				
2	Amount of bonds legally defeased								
က	Total proceeds of issue	,	3,913,000.		1,750,000.				
4	Gross proceeds in reserve funds								
2	Capitalized interest from proceeds								
9	Proceeds in refunding escrows		2,267,367.						
7	Issuance costs from proceeds		73,330.						
ω	Credit enhancement from proceeds								
6	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds		1,572,303.		1,750,000.				
1	Other spent proceeds								
12	Other unspent proceeds								
5	Year of substantial completion		2017		2018			•	
		Yes	°N	Yes	οN	Yes	No	Yes	No
4	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?		×		×				
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		×		×				
16	Has the final allocation of proceeds been made?	×		×					
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021 AVIVO			41-0	41-0828779				Page 2
Part III Private Business Use		_						
		;		: B	<u>د</u> ا		<u>-</u>	
1 was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	ON ×	Yes	oN ×	Yes	02	Yes	02
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		×		×				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		×		×				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		% 00.		% 00.		%		%
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		% 00.		% 00.		%		%
6 Total of lines 4 and 5		% 00.		% 00.		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the		!		!				
`⊒		×		×				
Part IV Arbitrage								
	V			8		O-		
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	N _o	Yes	S _O	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×		×				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	Х		X					
b Exception to rebate?		X		X				
c No rebate due?		×		×				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
3 Is the bond issue a variable rate issue?		×		×				Ī
132122 10-08-21						Sch	Schedule K (Form 990) 2021	n 990) 2021

	A			В		၁		D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		×		×				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
		X		Х				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		×		×				
7 Has the organization established written procedures to monitor the								
requirements of section 148?		×		×				
Part V Procedures To Undertake Corrective Action								
	A			В		O		D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	×		×					
Part VI Supplemental Information. Provide additional information for responses to questions on	on Schedule K.	K. See instructions.	ctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: CITY OF LANDFALL VILLAGE								
(F) DESCRIPTION OF PURPOSE:								
TO REFINANCE EXISTING BONDS AND MORTGAGE NOTES, AND PROPERTY IMPROVEMENTS	S							
132123 10-08-21						Sc	Schedule K (Form 990) 2021	rm 990) 2021

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

AVIVO	41-0828779
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
HOMELESSNESS.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
INDIVIDUALS WITH DISABILITIES, IMMIGRANTS AND REFUGEES, AND OTHER	
UNEMPLOYED OR UNDER-EMPLOYED MINNESOTANS.	
FORM 990, PART VI, SECTION A, LINE 1A:	
THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE CONSISTING OF THE OFFICERS OF	
THE BOARD AS ELECTED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE HAS	
ONLY THE POWERS AS DELEGATED AND SET FORTH BY THE BOARD OF DIRECTORS. ANY	
ACTION TAKEN SHALL BE REPORTED IN MINUTES AND TO THE BOARD AT THE NEXT	
BOARD MEETING.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 DATA IS COMPILED BY THE ACCOUNTING TEAM AND ADDED TO THE CLA 990	
EXCHANGE FOR AVIVO BY THE CFO. EACH SECTION OF THE 990 IS REVIEWED BY THE	
CFO AND THEN BY THE CEO. UPON FINAL DRAFT, THE 990 IS REVIEWED AND	
APPROVED BY THE INTERNAL RELATIONS COMMITTEE AND THEN BY THE FULL BOARD OF	
DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL AVIVO BOARD MEMBERS AND ALL EMPLOYEES ARE COVERED BY THE CONFLICT OF	
INTEREST POLICY. ANNUALLY BOTH BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO	
REVIEW THE CONFLICT OF INTEREST POLICY, IN ORDER TO DECLARE ANY, THUS FAR,	
UNDECLARED CONFLICTS OF INTERESTS OR POTENTIAL CONFLICTS OF INTEREST. THE	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization AVIVO	Employer identification number 41-0828779
BOARD CHAIRPERSON AND THE PRESIDENT/CEO REVIEW BOARD MEMBER CONFLICT OF	
INTEREST DISCLOSURES. THE CONFLICT OF INTEREST DISCLOSURE FORM INCLUDES	
INSTRUCTIONS TO THE BOARD MEMBER REGARDING THE MANNER IN WHICH THE BOARD	
MEMBER MUST HANDLE SITUATIONS THAT COULD OR DO PRESENT A CONFLICT OF	
INTEREST, SHOULD THESE SITUATIONS ARISE. THE BOARD CHAIRPERSON AND THE	
PRESIDENT/CEO ARE RESPONSIBLE FOR ONGOING MONITORING OF BOARD MEMBER	
ACTIONS THAT ARE POTENTIAL OR ACTUAL CONFLICTS.	
THE EMPLOYEE'S SUPERVISOR AND THE PRESIDENT/CEO REVIEW EMPLOYEE CONFLICT OF	
INTEREST DISCLOSURES. THE CONFLICT OF INTEREST DISCLOSURE FORM INCLUDES	
INSTRUCTIONS TO THE EMPLOYEE REGARDING THE MANNER IN WHICH THE EMPLOYEE	
MUST HANDLE SITUATIONS THAT COULD OR DO PRESENT A CONFLICT OF INTEREST,	
SHOULD THESE SITUATIONS ARISE. EMPLOYEE'S SUPERVISORS ARE RESPONSIBLE FOR	
ONGOING MONITORING OF EMPLOYEE ACTIONS THAT ARE POTENTIAL OR ACTUAL	
CONFLICTS. EXAMPLES OF RESTRICTIONS INCLUDE:	
1. REQUIRING A BOARD MEMBER EMPLOYED BY ANOTHER ORGANIZATION THAT COULD	
COMPETE FOR SIMILAR CONTRACTS NOT TO OBTAIN UNAUTHORIZED INFORMATION, OR IF	
SHE/HE IS IN POSSESSION OF INFORMATION IN THE COURSE OF PERFORMING HER/HIS	
BOARD DUTIES THAT IMPROVES THE COMPETITIVENESS OF HER/HIS EMPLOYER SHE/HE	
MAY NOT USE THIS INFORMATION TO HER/HIS ADVANTAGE.	
2. REQUIRING AN EMPLOYEE WHO VOLUNTEERS AT ANOTHER NONPROFIT ORGANIZATION	
SIMILAR TO AVIVO NOT TO USE AVIVO CURRICULA OR APPROACHES AS A VOLUNTEER	
INSTRUCTOR.	
IF A POTENTIAL CONFLICT ARISES DURING THE YEAR, THE DIVISION VICE PRESIDENT	
AND THE PRESIDENT/CEO, OR THE BOARD OF DIRECTORS SHALL DETERMINE WHETHER A	
CONFLICT OF INTEREST EXISTS AND WHETHER THE PROPOSED TRANSACTION MAY BE	
APPROVED. THE CONFLICT OF INTEREST TRANSACTION MAY NOT BE APPROVED UNLESS	
132212 11-11-21	Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization AVIVO	Employer identification number 41-0828779
SUCH PERSON(S) OR BODY DETERMINES, IN THE EXERCISE OF GOOD FAITH JUDGMENT,	
THAT THE PROPOSED TRANSACTION IS FAIR AND REASONABLE AND , IF UNDERTAKEN,	
DOES NOT UNDERMINE OR CONFLICT WITH THE ORGANIZATION'S MISSION. IN EVERY	
CASE, THE INDIVIDUAL INVOLVED IN THE CONFLICT OF INTEREST WILL BE EXCLUDED	
FROM THE DISCUSSION AND APPROVAL OF THE PROPOSED TRANSACTION. DISCLOSURES	
AND PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE	
MEETING MINUTES.	
FORM 990, PART VI, SECTION B, LINE 15:	
ANNUALLY, THE BOARD EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION OF THE	
PRESIDENT/CEO. THE VICE PRESIDENT OF HUMAN RESOURCES PROVIDES THE BOARD	
EXECUTIVE COMMITTEE WITH NONPROFIT EXECUTIVE DIRECTOR COMPENSATION STUDIES.	
THESE STUDIES INCLUDE THE ANNUAL MINNEAPOLIS STAR TRIBUNE COMPENSATION	_
REPORT FOR SOCIAL SERVICE EXECUTIVES AND THE MINNESOTA COUNCIL OF NONPROFIT	
SALARY SURVEY, WITH COMPENSATION INFORMATION PRESENTED ACCORDING TO THE	
BUDGET LEVEL OF THE ORGANIZATION. THE EXECUTIVE COMMITTEE DETERMINES THE	
COMPENSATION FOR THE PRESIDENT/CEO AND DOCUMENTS DELIBERATIONS IN MEETING	
MINUTES.	
THE COMPENSATION OF OTHER OFFICERS IS REVIEWED IN THREE WAYS. SALARY LEVELS	
ARE ESTABLISHED BASED ON A REVIEW OF THE MINNESOTA COUNCIL OF NONPROFITS	
ANNUAL MINNESOTA NONPROFIT SALARY AND BENEFITS SURVEY. ALSO, ALL SALARY	
LEVELS ARE REVIEWED ANNUALLY BY THE VICE PRESIDENT OF HUMAN RESOURCES,	
ALONG WITH THE AGENCY'S POSITION CLASSIFICATION SYSTEM. PROPOSED	
ADJUSTMENTS TO THE SALARY SCHEDULE ARE PRESENTED ANNUALLY TO THE BOARD	
EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL. INDIVIDUAL COMPENSATION	
REVIEWS ARE THE RESPONSIBILITY OF THE KEY EMPLOYEE'S SUPERVISOR, UTILIZING	
THE CLASSIFICATION SYSTEM SALARY SCHEDULE AND ADJUSTING SALARIES FOR MERIT	Sahadula O (Earm 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization AVIVO	Employer identification number 41-0828779
INCREASES BASED ON PERFORMANCE AS THE ANNUAL PERFORMANCE APPRAISALS ARE	
CONDUCTED. A SKILLS BASED VOLUNTEER COMPLETED A COMPREHENSIVE MARKET SURVEY	
AND SALARY SCHEDULE FOR ALL LEVELS OF THE ORGANIZATION IN 2016.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE	
PUBLIC. THE ORGANIZATION DOES MAKE ITS CONFLICT OF INTEREST POLICY AND	
FINANCIAL STATEMENTS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON	
REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED IN THE CURRENT YEAR.	
	_

SCHEDULE R (Form 990)

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

2021

OMB No. 1545-0047

Open to Public Inspection

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

► Attach to Form 990.

Employer identification number 41-0828779

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

AVIVO

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. 5,855,000, AVIVO End of year assets **e** 62,154. Total income ੁ Legal domicile (state or foreign country) MINNESOTA INDIVIDUALS EXPERIENCING OR AT RISK OF HOMELESSNESS. Primary activity PROVIDE HOUSING FOR Name, address, and EIN (if applicable) of disregarded entity AVIVO HOUSING LLC - 85-4014510 MINNEAPOLIS, MN 55404 1900 CHICAGO AVENUE Part II

organizations dailing the tax year.							
(a)	(q)	(၁)	(p)	(e)	(f)	(6)	9
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b)(13) controlled entity?	(SL)(Q
				501(c)(3))		Yes	≥
HELP ENABLE ALCOHOLICS/ADDICTS RECEIVE	HELP PEOPLE WITH CHEMICAL						
TREATMENT, INC 23-7259792, 1900 CHICAGO	DEPENDENCY RECEIVE						
AVENUE, MINNEAPOLIS, MN 55404	TREATMENT	MINNESOTA	501(C)(3)	LINE 7	AVIVO	×	
							I

SEE PART VII FOR CONTINUATIONS For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2021