

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2009 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization California Foundation for Independent Living C use IRS Address change Doing Business As 94-2838242 label or print or Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite type Initial return 1234 H Street 100 (916) 325-1690 See Specific Terminated City or town, state or country, and ZIP + 4 Instruc-Amended return tions Sacramento 95814 G Gross receipts \$ 1.077.216 Application pending Name and address of principal officer Х H(a) is this a group return for affiliates? Teresa Favuzzi 1234 H Street, Sacramento, CA 95814 H(b) Are all affiliates included? Nο If "No," attach a list (see instructions) Tax-exempt status X 501(c) (3) **◄** (insert no) 4947(a)(1) or 527 Website: ▶ www cfilc org H(c) Group exemption number ▶ X Corporation K Form of organization Trust Association Other > L Year of formation M State of legal domicile CA Part I Summarv Briefly describe the organization's mission or most significant activities: The Foundation based in Sacramento, CA is a statewide Revenue SCANNEDIVING 1/6 & Franco 10 nonprofit organization trade organization made up of 25 Independent Living Centers. Through unified action, CFLIC envisions civil rights for all people with disabilities. CFLIC's mission is to support independent living centers in their local communities through advocating for systems change and promoting access and integration for people with disabilities. Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a). 25 25 Number of independent voting members of the governing body (Part VI, line_1b) 12 Total number of employees (Part V, line 2a) 5 30 6 Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII column (G), line 12 0 7a Net unrelated business taxable income from Form 990-T. line 34 Prior Year Current Year Contributions and grants (Part VIII, line 1h). 212,756 1.008.026 Program service revenue (Part VIII, line 2g) 615.639 24.694 Investment income (Part VIII, column (A), lines 3, 4, and You 10 91,482 Other revenue (Part VIII, column (A), lines 5, 6d, 8 29 44.496 11 71.012 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1.077.216 12 990.889 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 497.632 507.417 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 468,248 540,576 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 965,880 1,047,993 18 19 Revenue less expenses. Subtract line 18 from line 12. 25.009 29.223 Beginning of Current Year End of Year 20 Total assets (Part X, line 16). 376,531 490,196 21 Total liabilities (Part X, line 26) 128,951 213,393 Net assets or fund balances. Subtract line 21 from line 20 247,580 276,803 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of off Here Type or print name and title Preparer's Check if Preparer's identifying number signature self-(see instructions) Paid 10/16/2010 employed Preparer's Firm's name of yours Izabal, Bernaciak & Company **▶** 77-0016122 EIN **Use Only** if self-employed), address, and ZIP + 4 One Market - Spear 344, San Francisco, CA 94105 Phone no **►** (415) 896-5551 X Yes May the IRS discuss this return with the preparer shown above? (see instructions). No For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2009) (HTA)

_	Statement of Program Service Accom	pilotition to		
1	Briefly describe the organization's mission			
	The misssion of the California Foundation for Independ	ent Living Centers is to advoc	ate for harrier-free access and equal	
	opportunity for people with disabilities to participate in			
		community life by increasing in	e capacity of independent Living Cent	ers
	to achieve their missions			
2	Did the organization undertake any significant program	services during the year which	n were not listed on	
	the prior Form 990 or 990-EZ?		Yes	No No
	If "Yes," describe these new services on Schedule O			
3		ent changes in how it conduct	a any program	
3	Did the organization cease conducting, or make signific			
	services?		Yes [ː	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the exempt purpose achievements for each o	f the organization's three large	st program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and sect	on 4947(a)(1) trusts are requi	red to report the amount of grants and	
	allocations to others, the total expenses, and revenue,			
	, , , , , , , , , , , , , , , , , , , ,	,, ,	•	
4-	/O-d-		0) /D	
4a				0)
	Acted as a hub for systems change network and assist			
	different ethnic and rural communities. Continued to ma	iintain a strong disability voice	and presence in public policy and me	dia
•••	(O) (F) (F) (F) (F)		0 \ /D	
4b				
	Connected youth with disabilities to each other, organize	ations, resources and opportu	nities for increased leadership	
	development, advocacy, action, disability pride, history	and culture		
4c	(Code:) (Expenses \$ 147,198	ncluding grants of \$	0,000) (Revenue \$	
4c	(Code:) (Expenses \$ 147,198 Offfered free training and funding opportunities to food	ncluding grants of \$	0,000) (Revenue \$	
4c	(Code:) (Expenses \$ 147,198	ncluding grants of \$	0,000) (Revenue \$	
4c	(Code:) (Expenses \$ 147,198 Offfered free training and funding opportunities to food	ncluding grants of \$	0,000) (Revenue \$	
4c	(Code:) (Expenses \$ 147,198 Offfered free training and funding opportunities to food	ncluding grants of \$	0,000) (Revenue \$	
4c	(Code:) (Expenses \$ 147,198 Offfered free training and funding opportunities to food	ncluding grants of \$	0,000) (Revenue \$	
4c	(Code:) (Expenses \$ 147,198 Offfered free training and funding opportunities to food	ncluding grants of \$	0,000) (Revenue \$	
4c	(Code:) (Expenses \$ 147,198 Offfered free training and funding opportunities to food	ncluding grants of \$	0,000) (Revenue \$	
4c	(Code:) (Expenses \$ 147,198 Offfered free training and funding opportunities to food	ncluding grants of \$	0,000) (Revenue \$	
4c	(Code:) (Expenses \$ 147,198 Offfered free training and funding opportunities to food	ncluding grants of \$	0,000) (Revenue \$	
4c	(Code:) (Expenses \$ 147,198 Offfered free training and funding opportunities to food	ncluding grants of \$	0,000) (Revenue \$	
4c	(Code:) (Expenses \$ 147,198 Offfered free training and funding opportunities to food	ncluding grants of \$	0,000) (Revenue \$	
4c	(Code:) (Expenses \$ 147,198 Offfered free training and funding opportunities to food	ncluding grants of \$	0,000) (Revenue \$	
	(Code:) (Expenses \$ 147,198 Offfered free training and funding opportunities to food Provided technical assistance on how to make food ba	ncluding grants of \$	0,000) (Revenue \$	
4c	(Code:) (Expenses \$ 147,198 Offfered free training and funding opportunities to food Provided technical assistance on how to make food ba	ncluding grants of \$	i0,000) (Revenue \$ r emergency food distribution sites. cessible to people with disabilities.	
	(Code:) (Expenses \$ 147,198 Offfered free training and funding opportunities to food Provided technical assistance on how to make food ba Other program services. (Describe in Schedule O.) (Expenses \$ 39,124 including grants of	ncluding grants of \$ 4 banks, food pantries and othe nks and food pantries more ac	i0,000) (Revenue \$ r emergency food distribution sites. cessible to people with disabilities.	

Par	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?	2	Х	
	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? If "Yes," complete Schedule C,			
4		4	х	
_		-		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	_		
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	Ť		
3	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes,"			
		9		v
	· · · · · · · · · · · · · · · · · · ·			<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI		1	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	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			
•	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.			
_				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X			
12				
	Schedule D, Parts XI, XII, and XIII.	12	_X_	
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No	T		
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
46		-13		 ^-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	46		l 🛴
A ==	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	İ		
	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		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
			_	

1 · i

Form 990 (2009) California Foundation for Independent Living Centers

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
•	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25.	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	 		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		
L	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Đ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		 ^-
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<u> </u>
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	19.5	24	**
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		表質	*
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			,
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	30		 ^
J.	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>		<u> </u>
~-	If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,]	
	III, IV, and V, line 1	34	<u> </u>	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	27		"
20		37	\vdash	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	20	x	
	Tat role. All Form and like are required to complete achiequie of	38	ı ^	ļ

Par	Statements Regarding Other IRS Fillings and Tax Compliance			T
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
	U.Ş Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
Ċ	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		, ,-	
	instructions)		, ,	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a_		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ļ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ļ		
	account)?.	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		x
_	organization solicit any contributions that were not tax deductible?	ba		 ^
þ	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		-
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		 -
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI

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

The Enter the number of voting members of the governing body Enter the number of voting members that are independent. Description of the control of the c	<u>Sect</u>	ion.A. Governing Body and Management						,
b Enter the number of voting members that are independent. 2 Did any officer, director, trustee, or key employee? 3 Did the organization and elegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization have management duties or object the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization become wembers, stockholders or other persons who may elect one or more members of the governing body? 8 Did the organization the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 The governing body? 8 Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 The governing body? 8 Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 The governing body? 8 Bid X 9 Is bere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization members and addressase in Schedule 0. 9 Section B, Policies (This Section B requests information about policies not required by the internal Revenue Code) 10 Dese the organization have local chapters, branches, or affiliates? 11 Pres' foes the organization have internal policies and procedures governing the activities of such chapters, and the presence of the pr		,	. ı				Yes	No
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 employees? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other persons was fiet? 4 Did the organization become aware during the year of a material diversion of the organizationship was fiet? 5 Did the organization become aware during the year of a material diversion of the organizationship was fiet? 6 X Does the organization become aware during the year of a material diversion of the organizationship was fiet? 7a Does the organization become aware during the year of a material diversion of the organizationship was fiet. 7b Does the organization become aware during the year of a material diversion of the organizationship was fiet. 7a Does the organization bave members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization of the governing body subject to approval by members, stockholders, or other persons? 7a X Did the organization of the organization was fiet. 7b X Did the organization of the organization or trustees, and key even the organization or trustees, and key evaluate organization or trustees, and key employees required to disclose annually interests that could give in the organization or trustees, and key employees organization organization or the organizati		· · · · · · · · · · · · · · · · · · ·						
any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Dot the organization have make any significant changes to is organizational decimination and the organization have members or stockholders? 5 Does the organization have members or stockholders? 6 Does the organization become wembers, stockholders? 7 Does the organization become members or stockholders? 8 Did the organization become members or stockholders or other persons who may elect one or more members of the governing body? 9 December of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 The governing body? 9 December officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization smalling address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization have a written conflict of interest policy? If "Yos," yoo to line 13 12 A S Does the organization have a written conflict of interest policy? If "Yos," yoo to line 13 12 Does the organization regularly and consistently monitor and enforce c		· · · · · · · · · · · · · · · · · · ·	ــــــــــــــــــــــــــــــــــــــ		25			
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or fusiteses, or key employees to a management company or other persons? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization of the governing body subject to approval by members, stockholders, or other persons? 7a X 7b X 7c X 7c X 7c X 7c X 7d X 7d X 7d X 7d X 8d X 8d X 8d X 8d X 9d Section B. Policles (Tims Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? 10b Did the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11d Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11d Describe in Schedule O the process, if any, used by the organization to review this Form 990 11d Does the organization have a written conflict of interest policy? If "No." go to line 13 11d Does the organization have a written whilelibower policy? 11d Does the organization have a written whilelibower policy? 11d Does the organization have a written whilelibower policy? 11d Does the organization have a written whilelibower policy? 11d Does the organization have a written whilelibower policy? 11d Does the organization have a written whilelibower policy? 11d Does the organization have a written whilelibower policy? 11d Does the organization have a written whilelibower policy? 1	2		lationsh	ip with				ا۔ ۔۔۔ا
supervision of officers, directors or trustees, or key employees to a management company or other person? 4				•	ļ	2		X
4 De the organization make any significant changes to its organization and occurrents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization or the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization or themporaneously document the meetings held or written actions undertaken during the year by the following. 8 The governing body? 9 Is there any officer, director, trustere, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," prowde the names and addresses in Schedule 0. 9 Section B. Politices (This Section B requests information about policies not required by the Internal Revenue Code) 10 Does the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization have written policies and procedures governing the activities of such chapters, form? 12 Does the organization have a written conflict of interest policy? If "No," go to line 13. 13 Does the organization have a written conflict of interest policy? If "No," go to line 13. 14 Are officers directors or trustees, and key employees require and enforce compliance with the policy? If "Yes," describe in Schedule O the process, if any, used by the organization to review this Form 990 14 Are officers or determining compensation of the following persons include a review and approval by independent persons, comparability data, and constemporaneous substantiation of the deliberation and decision? 15 Did the process for determining compensation of the following persons include a review and approval by independent	3							
5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 6 X 7a 7b 7a 7a 7a 7b 7a 7b 7a 7b 7a 7b 7a 7a					Ļ	3		
5 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7b Does the organization have members, stockholders, or other persons? 7b A Re any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b A S Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 7c B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8c Ba X S Back committee with authority to act on behalf of the governing body? 9 Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Y'es," provide the names and addresses in Schedule 0 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? 10b If Y'es," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11b Back the organization have a written conflict of interest policy? If Y'os," go to line 13. 11c Does the organization have a written conflict of interest policy? If Y'os," go to line 13. 11c A redestries describe or frustees, and key employees required to disclose annually interests that could give nise to conflicts? 11c Does the organization have a written whistleblower policy? 11c Does the organization have a written document retention and enforce compliance with the policy? If Y'es," describe the gramization have a written document retention and destruction policy? 11c Does the organization have a written whistleblower policy? 11c Does the organization have a written document retention and destruction policy? 11c Does the o	4				. [4		
Ta Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X b Lach committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? 11f "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11d Has the organization provided a copy of this Form 990 to all members of its governing body before filting the form? 11d Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to tine 13 Are officers, directors or frustees, and key employees required to disclose annually interests that could give in se to conflicts? 12b Are officers, directors or frustees, and key employees required to disclose annually interests that could give in Schedule O how this is done. 12c X 13 X 14 Does the organization have a written whistleblower policy? 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? 15 Id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tax	5	· · · · · · · · · · · · · · · · · · ·	n's asse	ets?	. [5		X
of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body? B Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11b Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11c Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11d Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11d Describe in Schedule O they this is done. 11d Describe in Schedule O how this is done. 11d Describe in Schedule O how this is done. 11d Describe organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. 11d Describe organization have a written document retention and destruction policy? 11d Describe organization have a written document retention and destruction policy? 11d Describe organization have a written document retention and destruction policy? 11d Describe organization have a written document retention and destruction policy? 11d Describe organization adopted a written policy or procedure requirin	6				L	6	X	L
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 The governing body? 8 Each committee with authority to act on behalf of the governing body? 8 Is there any officer, director, trustee, or key employee listed in Parl VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? 10f If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b If "Yes," does the organization have written policies and procedures governing body before filing the form? 11c Describe in Schedule O the process, if any, used by the organization to review this Form 990 11d Describe in Schedule O the process, if any, used by the organization to review this Form 990 11d Describe in Schedule O the process, if any, used by the organization to review this Form 990 11d Describe in Schedule O how this is done. 11d Describe in Schedule O how this is done. 12d A X 12d Dess the organization have a written ordicit of interest policy? If "No," go to line 13. 12d Dessibe organization and a a written whistleblower policy? 12d Dessibe organization and a weak a written ordicity of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 12d Dessibe organization and prove a written policy or procedure requiring the organization to evaluate its participate in pint venture or similar arrangement with a taxable entity during the year? 12d Des	7a		more m	embers				
the year by the following. a The governing body? b Each committee with authority to act on behalf of the governing body? s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9a					.]	7a	_	
a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b 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 "Yess," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? 10b If "Yes," does the organization have with policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11d Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11d Does the organization have a written conflict of interest policy? If "No," go to line 13. 11d A providers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 11d Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. 11d Does the organization have a written whistleblower policy? 12e X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written occument retention and destruction policy? 15d If 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? 15d If "Yes," has the organization and comment retention and destruction policy? 16a X 17b Organization's Executive Director, or top management official 17b If "Yes," has the organization and organization to make its Forms 1023 (or 1024 if applicable)					į	7b	X	<u> </u>
a The governing body? b Each committee with authority to act on behalf of the governing body? ls there any officer, director, trustee, or key employee listed in Parl VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? b if "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 As the organization have a written conflict of interest policy? If "No," go to line 13. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13. 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give nes to conflicts? 12b 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? 12c X 13 Does the organization have a written document retention and destruction policy? 13a A The organization of Ecx Executive Director, or top management official 15b Other officers or key employees of the organization 15c A The organization's exempt status with respect to such arrangement with a taxable entity during the year? 15d Did the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arran	8		ertaken	during				
b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9a X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? 10f "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11. As the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11. As the organization have a written conflict of interest policy? If "No," go to line 13. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13. 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization have a written whistleblower policy? 12c X 12d Does the organization have a written whistleblower policy? 12d Does the organization have a written document retention and destruction policy? 12e X 13o Does the organization have a written document retention and destruction policy? 13 X 14 Does the organization shave a written document retention and destruction policy? 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? 15 Did the organization set of Sto, describe the process in Schedule O. (See instructions.) 16 Verse in lin 15 or 15b, describe the process in Schedule O. (See instruction		•						<u></u>
st there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11h Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11h Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13. 12a X 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 Does the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 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? 15a X 16a Other officers or key employees of the organization 16b If "Yes" has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in joint venture arrangements? 16a X 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in jo	а				Į	8a		
at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9a X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11c Describe in Schedule O the process, if any, used by the organization to review this Form 990 11d Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b X 12c X 12c X 12c X 12d Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 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? 15a X 15b Other officers or key employees of the organization or contemporaneous substantiation of the deliberation and decision? 15a X 15b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in joint venture arrangements? 15a X 15b If "Yes," has the organization or make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these avai	b	Each committee with authority to act on behalf of the governing body?			. [8b_	X	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Does the organization have local chapters, branches, or affiliates? 10a X	9			ached				
10a Does the organization have local chapters, branches, or affiliates? 10a X						9a		X
10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11 As Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13. 12a X 12b X 12c X 12b X 12c X 1	Sect	ion B. Policies (This Section B requests information about policies not required by the	e Inter	nal				
10a	Reve	enue Code)						
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?					_		Yes	No
affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 Does the organization have a written conflict of interest policy? If "No," go to line 13. 12 A re officers, directors or trustees, and key employees required to disclose annually interests that could give inse to conflicts? 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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? 16 The organization's CEO, Executive Director, or top management official 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 17 List the states with which a copy of this Form 990 is required to be filed 18 Section C. Disclosure 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization in the process of the organization in the process of	10a	Does the organization have local chapters, branches, or affiliates?				10a		X
Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11	b			chapters,				
form? 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13. 12a A Does the organization have a written conflict of interest policy? If "No," go to line 13. 12a A Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. 12c A Does the organization have a written whistleblower policy? 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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? 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? 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? 15 Did the organization's CEO, Executive Director, or top management official 15a X 15b X 15b X 15b X 15b X 15b X 15b X 15c X 15c X 15d Y 15c X 15d X		affiliates, and branches to ensure their operations are consistent with those of the organization	on? .	•	. [10b		
Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 13	11		efore f	iling the		11	x	
Does the organization have a written conflict of interest policy? If "No," go to line 13. b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. 12b X 12b X 12c X 13 Does the organization have a written whistleblower policy? 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? 15a X 16b Other officers or key employees of the organization 16c If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16d Ut the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16c If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16c Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. 19 Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 10 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson 10 Section C. Phillip Thompson	11A)		·	•••	<u>``</u>	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. 12c X 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written whistleblower policy? 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? 15 The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 15a If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 15d If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 15c Section C. Disclosure 15c List the states with which a copy of this Form 990 is required to be filled 15c Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. 15c Own website Another's website Describe in Schedule Owhether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson 15c A 15c X 15d			• •	•	·	12a	X	
rise to conflicts? C Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 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? 15 The organization's CEO, Executive Director, or top management official 15	_		that co	uld awe	ŀ	124	<u> </u>	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? 13	-			aid give		12h	x	
describe in Schedule O how this is done 12c X	С		 licv? <i>lf</i>	"Yes"	ı			
Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson (916) 325-1690	•		,	, 00,		12c		x
Does the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Dother officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson (916) 325-1690	13		• • •	•	ŀ			
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson (916) 325-1690			•		. }			
ndependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Wupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson (916) 325-1690		- · · · · · · · · · · · · · · · · · · ·	annrov	alby	ŀ			
The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization					2			
b Other officers or key employees of the organization	а			114 40010101	' ·	150		الـــــ ـــــــــــــــــــــــــــــــ
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website W Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson (916) 325-1690				• •	·			Y
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson (916) 325-1690	-							<u> </u>
with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson (916) 325-1690	16a				•			1
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson (916) 325-1690					-	162		x
the organization's exempt status with respect to such arrangements?	b	· · · · · · · · · · · · · · · · · · ·			ŀ	100		
the organization's exempt status with respect to such arrangements?	-							1
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website □ X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 19 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Phillip Thompson (916) 325-1690						16h		
List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson (916) 325-1690	Sect		• •	<u></u>		100		
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson (916) 325-1690					_			
available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson (916) 325-1690			nd 990.	T (501(c)(3)e or	· · · · · ·		
Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson (916) 325-1690	. •		550	. (551(5)(JJ 01	7/		
Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson (916) 325-1690								
policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Phillip Thompson (916) 325-1690	19		nente	conflict of i	ntere	et		
State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Phillip Thompson (916) 325-1690	. —		,			- (
organization ► Phillip Thompson (916) 325-1690	20		nnks a	nd records	of the	_		
				1616175	2.19			

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

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compe	nsate any curre	ent of	ice	r, d	irec	tor, o	r tru	ustee.		
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average hours per week	নি Individual trustee © or director	Institutional trustee	Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Tink Miller Director	1.	Х						0	0	0
Louis Lopez Director	1.	х						0	0	0
Yomi Wrong Director	1	х						0	0	0
Lee Nattress Director	1	х						0	0	0
Susan Rotchy Director	1.	х						0	0	0
Steve Brandt Director	1.	х						0	0	0
Lilibeth Navarro Director	1.	х						0	0	0
Dolores Kolimer Director	1.	х						0	0	0
Jeannie Darling Director	1.	х						0	0	0
Dolores Nason Director	1	Х						0	0	0
Elı Gelardin Dırector	1	х						0	0	0
Paul Van Doren Director	1.	Х						0	0	0
Fran Bates Director	1	Х						0	0	0
Herb Levine Director	1	Х						0	0	0
Paula McElwee Director	1	Х						0	0	0
Jo Black Director	1.	Х						0	0	0

Pa	rt VIII Section A. Officers, Directors, Tre	1	ipio <u>y</u>	/ees			jnes	t Co	T -	1	nuea) T	(F)	_
	(A)	(B)	Po	eition		C) kallti	hat ap	nh/\	(D)	(E)	_	(F)	
•	Name and title	Average hours per week	or director		Officer		employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	comp fro orga and	itimated nount of other pensation om the anization direlated inizations	
	m Brown		V								,		_
Dire Aliza Dire	a Basrzilay	1.	X				 		0				0
	Quezada	1.	<u> </u>				-		0)		0
	Chairperson	3	X		X.	ļ		ļ	0		<u> </u>		0
Cha	ri Burns Irperson	3	х		x				0				0
	y Plett -Chairperson	3	x		x				0				0
	h Triano etary	3.	x		x				0				0
	ert Hand surer	3.	x		x				0				0
louis	Frick e Ind Living Coun Rep	3			x				0				0
Tere	sa Favuzzi		ļ^			-				· · · · · · · · · · · · · · · · · · ·			
Exe	cutive Director	40			X				71,500	(0
													_
1b	Total							▶	71,500	(0
2	Total number of individuals (including but no						no re	ceive	ed more than \$1	00,000 in			
	reportable compensation from the organizat	ion P			U						Ye	es No	_
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci					yee,		-	st compensated		3	X	
4	For any individual listed on line 1a, is the su	m of reportable	com	pens	satio		d oth	er c	ompensation fro	m _		 ^	_
	the organization and related organizations gindividual			0? If	"Yes	s," co	ompl	ete S	Schedule J for s		4	x	~
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Yo	•			,	•			•		5	X	_
Sec	tion B. Independent Contractors						.,					_1^	_
1	Complete this table for your five highest concompensation from the organization.	npensated inde	pend	ent d	contr	acto	rs th	at re	ceived more tha	n \$100,000 of	=		
	(A) Name and business a	ddress							(B) Description of serv	vices C	(C) ompensat		
													0
				_				-			-		0
								0					
													0
2	Total number of independent contractors (in more than \$100,000 in compensation from t			ed to	thos	e lis	ted a		e) who received				

Form 990 (2009)

44,496

1,077,216

24,694

Total. Add lines 11a-11d

Total revenue. See instructions

44,496

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) (B) (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV. line 22 . . 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 71,500 63,714 3.639 4,147 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 349,551 311,480 20,260 17,811 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 50,532 47,443 9 953 2,136 10 Payroll taxes 35,834 31,372 2,691 1,771 11 Fees for services (non-employees). Management. 0 b Legal 0 Accounting C 0 Lobbying Professional fundraising services. See Part IV, line 17 0 0 f 13,025 5,036 7,989 Other g 12 Advertising and promotion 545 445 100 13 Office expenses 35,574 26.584 8.990 Information technology . . 41,760 36,601 5,159 14 15 0 144,143 105,537 38.606 16 Occupancy. 39,712 30,102 17 Travel 9,610 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 21,856 16,050 19 Conferences, conventions, and meetings . . . 5,806 20 2,523 26 2,497 Payments to affiliates . . . 21 0 22 Depreciation, depletion, and amortization 10,961 9,768 635 558 7.256 23 Insurance 8,121 865 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 60,754 60,754 Donations Consultants 140,417 118,758 21,659 Accomodations 2,126 2,105 21 Staff development 8,862 8,662 200 Dues & subscriptions 9,791 2,972 6,819 f All other expenses 406 406 Total functional expenses. Add lines 1 through 24f 1,047,993 885,071 25 137,007 25,915 Joint costs. Check here ▶ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

94-2838242

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing. 2 176,461 2 224,202 Savings and temporary cash investments 3 Pledges and grants receivable, net 157.856 3 205.044 Accounts receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 Notes and loans receivable, net. 7 0 Inventories for sale or use 8 Prepaid expenses and deferred charges 19,929 8,407 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D **b** Less accumulated depreciation . . 10b 17.852 **10c** 6.891 Investments—publicly traded securities . . . 0 11 11 Investments—other securities See Part IV, line 11. 12 0 12 0 Investments—program-related See Part IV, line 11 13 0 13 14 Intangible assets. . . ol 14 0 15 Other assets. See Part IV, line 11 4,433 15 45,652 . . 16 Total assets. Add lines 1 through 15 (must equal line 34) 376,531 16 490,196 17 Accounts payable and accrued expenses . 17 87,810 177,080 18 18 19 Deferred revenue 41,141 19 36,313 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties. ol 23 0 24 Unsecured notes and loans payable to unrelated third parties . . 24 0 25 Other liabilities Complete Part X of Schedule D 25 0 26 Total liabilities. Add lines 17 through 25 128,951 26 213,393 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 247,580 27 276,803 Temporarily restricted net assets. 28 28 Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 247,580 33 276,803 Total liabilities and net assets/fund balances. 376,531 34 490,196

Form 990 (2009)

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number

			or Independent						L		838242		
Par				narity Status (All org						nstructio	ns		
	rgar		•	ation because it is: (Fo		-		•					
1	닏	-		ches, or association of			ed in sec	tion 170(b)(1)(A)(i).			
2	Ш	A school des	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sch	edule E)							
3	Ш	A hospital or	a cooperative h	ospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).				
4			search organiza me, city, and sta	ition operated in conju ate:	inction wi	th a hospi	ital descri	bed in se	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		•	•	the benefit of a collection (Complete Part II.)	ge or univ	ersity owi	ned or ope	erated by	a governi	mental u	nit descr	ibed	
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit d	lescribed	in section	170(b)(ʻ	1)(A)(v).				
7		•		y receives a substanti (1)(A)(vi). (Complete l	•	its suppoi	rt from a g	jovernme	ntal unit c	or from th	e genera	al publ	IC
8	\Box	A community	v trust described	In section 170(b)(1)((A)(vi). (C	omplete I	Part II)						
9	図	An organizat receipts from support from	tion that normall n activities relate n gross investme	y receives: (1) more the to its exempt function in the income and unrelated after June 30, 1975.	nan 33 1/3 ons—subj ted busin	3 % of its ject to cer ess taxab	support fr tain exce le income	ptions, an (less sec	d (2) no ration 511 t	nore thai	33 1/3	% of it	
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety. Se	ee sectio	n 509(a)(4).			
11		purposes of	one or more pul	nd operated exclusive blicly supported organ at describes the type o	izations d	lescribed	ın section	509(a)(1) or section	on 509(a)	(2). See		on
		a Type	ı b	Type II c	Туре	e III–Fund	ctionally in	ntegrated		d □ -	Type III-	-Other	
е		persons other 509(a)(1) or	er than foundation section 509(a)(2		er than on	e or more	publicly	supported	i organıza	tions des	scribed ii		on
f		_		a written determinatior	n from the	RS that	ıt ıs a Typ	e I, Type	II, or Typ	e III supp	porting		
		•	, check this box						- 6 41				
g		•		the organization acce	pted any	gift or cor	itribution i	rrom any	or tne				
		following per		or indirectly controls,	oithar ala	no or togg	othor with	porcone (dosoribod	in (ii)		Yes	No
		• •	•	verning body of the su		_		persons	nescribed	111 (11)	11g(i)	163	110
				person described in (i			, , , , , , , , , , , , , , , , , , ,			•	11g(ii)		<u> </u>
			•	y of a person describe	•		 ≘?			•	11g(iii)		
h				ation about the suppor							<u></u>	•	•
(i)		e of supported anization	(ii) EIN	(III) Type of organization	(iv) is the o		(v) Did y the organ col (i)	rou notify nization in of your port?	organiza (i) organi	Is the tion in col ized in the S?		Amoun support	t of
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No	1		
							 				1		0
					1						1		•
				-	 	-	<u> </u>				+		0
													0
													0
													0
Tota	 I												0

Schedu	ule A (Form 990 or 990-EZ) 2009 California Foun	dation for Inde	pendent Living	Centers		94-283824	2 Page 2
Pari					1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked t	he box on line	e 5, 7, or 8 of	Part I.)			
Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1.	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	:					0
4	Total. Add lines 1 through 3	o	0	0	o	o	0
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						0
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 8	Amounts from line 4	0	0	0	0	0	0
9	rents, royalties and income from similar sources						0
10	regularly carried on						0
11	Total support. Add lines 7 through 10.	•		•		,	0
12	Gross receipts from related activities, etc. (s	ee instructions)			12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	rganization's fir	st, second, thi	rd, fourth, or fif	-)(3)
	ion C. Computation of Public Support						
14	Public support percentage for 2009 (line 6, o			column (f)) .		14	0 00%
15	Public support percentage from 2008 Sched					15	0 00%
16a b	33 1/3% support test-2009. If the organiza and stop here. The organization qualifies as 33 1/3% support test-2008. If the organiza	s a publicly sup	ported organiz	zation			▶ 🗔
17a	box and stop here. The organization qualification of the companies of the	es as a publicly If the organiza	supported org	ganization eck a box on lii	 ne 13, 16a, or [.]	16b, and line 14	▶ ☐ I is 10%

the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . > 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

18

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part 1)

Soc	(Complete only if you checked to	ne box on line	9 of Part I.)				
	tion A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	• • • •	(a) 2003	(b) 2000	(6) 2001	(u) 2000	(6) 2003	(i) Total
1	Gifts, grants, contributions, and						
•	membership fees received (Do not	400.054	457.070	057.005	204.000	4 000 000	4 004 004
	include any "unusual grants.")	136,854	157,878	257,905	304,238	1,008,026	1,864,901
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
_	organization's tax-exempt purpose	1,636,048	1,044,024	606,450	615,639	24,694	3,926,855
3	Gross receipts from activities that are not an						_
_	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						•
_	its behalf						0
5	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	1,772,902	1,201,902	864,355	919,877	1,032,720	5,791,756
-	Amounts included on lines 1, 2, and 3	1,772,502	1,201,302	004,000	313,077	1,002,720	0,701,700
	received from disqualified persons						0
	, ,					 	
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
_	amount on line 13 for the year Add lines 7a and 7b	0	0	0	0	0	<u>0</u>
с 8	Public support (Subtract line 7c from		U	-	U	U	0
·	line 6)	11, 11	غي ي				5,791,756
Sec	tion B. Total Support			L L		·	0,,01,,00
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	1,772,902	1,201,902	864,355	919,877	1,032,720	5,791,756
_	Gross income from interest, dividends,	1,772,302	1,201,302	004,000	313,077	1,002,720	3,731,730
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources			15,750	38,644		54,394
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	15,750	38,644	0	54,394
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly	45.445	40.744	07.700	20.200	44.400	400 700
12	carried on	15,415	40,744	27,763	32,368	44,496	160,786
12	loss from the sale of capital assets						
	(Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11,						<u>_</u>
	and 12.)	1,788,317	1,242,646	907,868	990,889	1,077,216	6,006,936
14	First five years. If the Form 990 is for the org		t, second, third	d, fourth, or fifth	tax year as a		
	organization, check this box and stop here						. ▶ 🗌
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, co	olumn (f) dıvıde	d by line 13, c	olumn (f))		15	96 42%
16	Public support percentage from 2008 Schedu					16	0.00%
<u>Sec</u>	tion D. Computation of Investment Inc	ome Percent	age				
17	Investment income percentage for 2009 (line				7)	17	0 91%
18	Investment income percentage from 2008 Sc					18	0.00%
19a	33 1/3% support tests-2009. If the organiza						
	not more than 33 1/3%, check this box and s						▶ X
þ	33 1/3% support tests-2008. If the organization d						<u>, </u>
20	line 18 is not more than 33 1/3%, check this box ar		-	=	• • •	-	◟▝┞
/11	- Envare Ivunuauvo, ii NE Viuanizauvii Viu III	いこしいせいへき いしん	virillia 14 (M2	, or 150 CHECK	COUNTRIES COUNTRIES :	see arsauraanns	

Schedule A (For	m 990 or 990-EZ) 2009	California Fou	undation for In	dependent L	iving Centers	3	9	94-2838242	Page 4
Part IV	Supplemental	Information.	Complete the	s part to pro	ovide the ex	planations i			
	Part II, line 17a	or 17b, and P	art III, line 12	2. Provide a	ny other add	ditional info	rmation S	ee instructio	ns
	•						· · · ·		
•									
		·							
					• • • • • • • • • • • • • • • • • • • •	•			
					•				
•									
									•••••

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public

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. ► See separate instructions.

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

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Inspection

	Section 501(c) (other than section 527 organizations. Cor	tion 501(c)(3)) organizations Complete P	arts I-A and C below	w Do not complete	Part I-B	
		es," to Form 990, Part IV, line 4, or For	m 000_E7 Part VI	line 47 (Lobbying	Activition	·) than
		s that have filed Form 5768 (election under				
		s that have NOT filed Form 5768 (election				
	·	es," to Form 990, Part IV, line 5 (Proxy				,
	-	ganizations Complete Part III	•			
N	ame of organization	•			Employe	r identification number
	fornia Foundation for Inde	pendent Living Centers			, ,	94-2838242
		the organization is exempt und	er section 501(c) or is a secti	on 527	
1		the organization's direct and indirect				
2	Political expenditures				▶ \$	(
3	Volunteer hours					
_						
Pa		the organization is exempt und				
1	•	excise tax incurred by the organizat			▶ \$	
2	*	excise tax incurred by organization			▶ \$	
3	If the organization incurr	red a section 4955 tax, did it file Forn	n 4720 for this yea	ar?		Yes X No
4a	Was a correction made?				•	Yes No
b	If "Yes," describe in Par			W		
Pa	· · · · · · · · · · · · · · · · · · ·	the organization is exempt und			tion 501	(c)(3).
1		y expended by the filing organization	for section 527 e	exempt function		
_	activities				. • \$	
2		filing organization's funds contribute	-		. c	
_		function activities			5	
3	line 17b	openditures. Add lines 1 and 2 Enter	nere and on Fori	m 1120-POL,	. .	
		- 61- 5 4400 DOI for this			5	
4		n file Form 1120-POL for this year?				Yes No
5		sses and employer identification nun or each organization listed, enter the				
		ibutions received that were promptly				
		und or a political action committee (F				
			·	(d) Amount paid	···	(e) Amount of political
	(a) Name	(b) Address	(c) EIN	filing organizat		contributions received and
				funds If none, er	nter -0-	promptly and directly
						delivered to a separate political organization If
						none, enter -0-
	•			1"		
					0	(
					0	
					0	
		ļ			_	
				-	0	
					٨	
			· <u></u>	 		

Page 2

Р	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).										
Α	Check ▶ if the filing organization belongs to an affiliated group.										
В	Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply.										
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals											
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	6,364	0							
b	Total lobbying expenditures to influence	· · · · · · · · · · · · · · · · · · ·	48,926	0							
c	Total lobbying expenditures (add lines 1		55,290	0							
d	Other exempt purpose expenditures	1,021,926	0								
e	Total exempt purpose expenditures (add	1,077,216	0								
f	Lobbying nontaxable amount. Enter the columns.	182,722	. 0								
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:									
	Not over \$500,000	20% of the amount on line 1e									
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000									
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000									
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000									
	Over \$17,000,000	\$1,000,000		<u>.</u>							
g	Grassroots nontaxable amount (enter 25		45,681	0							
h	Subtract line 1g from line 1a. If zero or le		0	0							
i	Subtract line 1f from line 1c If zero or le		0	0							
j	If there is an amount other than zero on section 4911 tax for this year?	either line 1h or line 1i, did the organization file For	m 4720 reporting	Yes No							
	4-1	ear Averaging Period Under Section 501(h)									

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total					
 2a	Lobbying nontaxable amount	200,788	163,927	169,882	182,722	717,319					
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,075,979					
С	Total lobbying expenditures	20,061	52,677	37,238	55,290	165,266					
d	Grassroots nontaxable amount	50,197	40,982	42,471	45,681	179,331					
е	Grassroots ceiling amount (150% of line 2d, column (e))					268,997					
f	Grassroots lobbying expenditures	5,061	1,677	18,988	6,364	32,090					

Schedule C (Form 990 or 990-EZ) 2009

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	ed Fo	rm 57	68	
	, creation under sociality of this	(a	a)	(b)		
		Yes	No	A	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					Ì
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of.					į
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total Add lines 1c through 1i			<u> </u>		0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912			ļ		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			<u> </u>		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	till-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5), or	sectio	'n	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes." Dues, assessments and similar amounts from members					
1	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		-			
2	political expenses for which the section 527(f) tax was paid).					
9	Current year		2a			
h	Carryover from last year		2b			
C	Total	•	2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		Ť			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			0
	Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5 complete this part for any additional information.			II-B, lin	e 1i	
						- -
				·		-
-						

	Calıfo	ornia Foundation for Independent Living Centers	94-2838242
			Page 4
Part	IV _	Supplemental Information (continued)	
		•	
		•	
		•••••	
		••••••	
-		•••••••••••••••••••••••••••••••••••••••	•
- <i></i>			
		•	
			•••••
		••••••	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Attach to Form 990. See separate ins

Employer identification number *California Foundation for Independent Living Centers 94-2838242 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a b 2b Number of conservation easements on a certified historic structure included in (a) 2c C d Number of conservation easements included in (c) acquired after 8/17/06 . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. ▶ \$ Assets included in Form 990, Part X **>** \$ _____

Гаг	Organizations Maintainin	g Collections of	Art, His	torical I	reasures,	or Oth	er Similar A	ssets (C	<u>ontini</u>	<u>ied) </u>	
3	Using the organization's acquisition	, accession, and c	ther reco	rds, chec	k any of the	e followi	ng that are a s	ignifican	t		
	use of its collection items (check all	that apply):									
а	Public exhibition		d 🔲	Loan	or exchange	e progra	ms				
b	Scholarly research		е 🔲	Other							
С	Preservation for future genera	ations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar										
									es 🔛	No	
Pari	IV Escrow and Custodial Ar IV, line 9, or reported an ar	•	•		•	answer	ed "Yes" to F	orm 99	u, Par	t	
1a	Is the organization an agent, trustee					ns or ot	her assets not				
	included on Form 990, Part X?.			•					es 🗔	No	
b	If "Yes," explain the arrangement in				ı table:			ш·			
-	german				,		1	Amount			
С	Beginning balance					1c		2			
d	Additions during the year					1d					
e	Distributions during the year					1e					
f	Ending balance					1f				0	
2a	Did the organization include an amo	ount on Form 990	Part X III	ne 212				$\overline{\square}$	es X	No	
b	If "Yes," explain the arrangement in		1 a.c.,				• • • • •	ш.	00 <u>[</u>		
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10										
		(a) Current year	(b) Pno		(c) Two year		(d) Three years ba		our years	back	
1a	Beginning of year balance						, , ,	- `			
ь	Contributions										
c	Net investment earnings, gains,										
Ŭ	and losses										
d	Grants or scholarships	-									
e	Other expenditures for facilities										
·	and programs							İ			
f	Administrative expenses .										
-	End of year balance	0		0							
9 2	Provide the estimated percentage of	-		<u>_</u>		<u>_</u>					
	Board designated or quasi-endown	•		as							
a	Permanent endowment		%								
b	Term endowment	<u>%</u> - %									
c 3a	Are there endowment funds not in t		ho organi	zation th	at are hold	and ada	nunistared for t	ho			
Ja		ne possession or i	ne organi	Zalion in	at are rielu	anu aun	illinstered for t	iie.	Yes	No	
	organization by. (i) unrelated organizations.							3a(i)		NO	
	- <u></u>				•						
L	(ii) related organizationsIf "Yes" to 3a(ii), are the related org	onizations listed a			ndula D2		•	3a(ii)			
b			•					_3b			
4 Part	Describe in Part XIV the intended u VI Investments—Land, Buil					rt Y lin	0.10				
rail								(d) D			
	Description of investment	(a) Cost or ot (investm			st or other s (other)		ccumulated preciation	(a) B	ook valu	е	
1a	Land		0		0					0	
b	Buildings		0		0		0			0	
C	Leasehold improvements		0		0		Ō			0	
d	Equipment		0		256,320		249,429			6,891	
е	Other	.	0		0		0			0	
Tota	I. Add lines 1a through 1e. (Column	d) must equal For	m 990, Pa	art X, col	umn (B), lin	e 10(c)) ▶			6,891	

Part VII	Investments_Other Securities	s See F	orm (
chedule D (For	1 990) 2009		
	California Foundation for Ind	ependent	Living

Part VII	Investments—Other Securities	s. See Form 990, Part X,	line 12	
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Fınancial de	rivatives	0		
Closely-held	equity interests	0		· · · · · · · · · · · · · · · · · · ·
Other		0		·
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
	must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Relate	d. See Form 990, Part X,	line 13.	
ı	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		. 0		
		0		
		0		
		0		
		0		· · · · · · · · · · · · · · · · · · ·
		0		
		0		
		0		
		0		
		0		
	must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets. See Form 990, P	•	· · · · · · · · · · · · · · · · · · ·	
	****	i) Description		(b) Book value
Other receiv	ables			25,030
Deposits			-	20,622
				0
		 -		0
				0
				0
				0
	-		· · · · · · · · · · · · · · · · · · ·	0
				0
Total. (Colu	mn (b) must equal Form 990, Part X, o	col (B) line 15)	•	45,652
Part X	Other Liabilities. See Form 990		· · · · · · · · · · · · · · · · · · ·	10,002
1.	(a) Description of liability	(b) Amount	1	
Federal inco		•••	0	
			0	
-			0	!
			0	,
			0	1
	· ·		0	
<u></u>	·		0	
			o	
			O	!
			0	
			0	
Total. (Column (b)	must equal Form 990, Part X, col (B) line 25)		0	
2 CINI 49 E	otrote In Part XIV provide the text of	the feetnets to the evening		

organization's liability for uncertain tax positions under FIN 48

· 			
. 📜 .	California Foundation for Independent Living Centers	94-2838242	
Schedule D (Form 9	990) 2009		Page 5
Part XIV	Supplemental Information (continued)		-
·			
	•••••		
	•••••		••••••
		•••••	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

California Foundation for Independent Living Centers

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

▶ Attach to Form 990.

Open to Public 2009

OMB No 1545-0047

Inspection

Employer Identification number 94-2838242

№ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use × Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. o \overline{c} 0 (e) Amount of non-cash assistance 10,000 10,000 5,000 5,000 5,000 5,000 0 0 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed. Enter total number of section 501(c)(3) and government organizations. the selection criteria used to award the grants or assistance?. General Information on Grants and Assistance (c) IRC section if applicable 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 77-0326685 68-0361643 68-0457594 23-7002419 94-1513140 94-1207701 Enter total number of other organizations (p) EIN 150 Golden Gate Avenue San Fra 800 Ohlone Parkway Watsonville, 355 Standard Veneer Road Cresd 6230 Enterprise Drive Dianmond O. Box 150527 San Rafael, CA Second Harvest Food Bank of Sar 1709 Alcatraz Aveneue Berkeley, Community Assistance Network Food Bank of ElDorado County 1 (a) Name and address of organization St Anthony Foundation St Vincent dePaul of Marin Ephesian Church of God or government Part I Part II

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

Schedule I (Form 990) 2009

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Hea Bart IV and Schadula 1-1 (Form 990) if additional enace is needed Part III

	(f) Description of non-cash assistance								ional information.						
•	(e) Method of valuation (book, FMV, appraisal, other)								to provide the information required in Part I, line 2, and any other additional information	rs Settlement Fund					
	(d) Amount of non-cash assistance	0	0	0	0	0	0	0	equired in Part I, line	d bank applications. Final approval from Consumers Settlement Fund					
phace is lieeded	(c) Amount of cash grant	0	0	0	0	0	0	0	vide the information r	applications. Final ap					
990) II additional	(b) Number of recipients	0	0	0	0	0	0	0	ete this part to prov	approves food bank					
USE Part IV and Schedule I-1 (Porni 990) ii additional space is rieeded	(a) Type of grant or assistance								Part IV Supplemental Information. Complete this part	2:					



Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

California Foundation for Independent Living Centers	94-2838242
Form 990, Part III, Line 4d: Program Service Expenses: 39,124, Grants and allocations: 0, Rev	enue.
24,694 Membership services.	
Form 990 Part VI Section A Line 7a Members of CFILC elect their Governing Board (Executive	
Committee) from the membership of dues paying CFILC members.	
Form 990 Part VI Section A Line 6 Members are Independent Living Centers that pay the members	pership
dues each year	
Form 990 Part VI Section A Line 7b Decisions of the Executive Committee are voted upon by the	ne full
membership	
Form 990 Part VI Section B Line 11A The Form 990 is reviewed by the Treasurer and the Finan	ice
Committee.	
Form 990 Part VI Section B Line 12c No member of the board shall particpate in discussions of	
vote upon an item that causes his/her center to benefit more than the other members. Should s	uch
instance arise, the board members should disclose the conflict immediately	
Form 990 Part VI Section B Line 15a The Executive Director's salary and benefits are voted on	and
decided by the Executive Committee	
Form 990 Part VI Section C Line 19 The governing documents, conflict of interest policy and the	9
financial statements are available upon request.	