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Return of Organization Exempt From Income Tax

Open to Public ▶The organization may have to use a copy of this return to satisfy state reporting requirements Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

For the 2011 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable California Foundation for Independent Living Centers Doing Business As Address change 94-2838242 Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return 1234 H Street 100 (916) 325-1690 City or town, state or country, and ZIP + 4 Terminated Sacramento CA 95814 G Gross receipts \$ 2.364.044 Amended return Yes X Application pending F Name and address of principal officer H(a) Is this a group return for affiliates? Teresa Favuzzi 1234 H Street, Sacramento, CA 95814 H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c)(3) 501(c) 4947(a)(1) or) < (insert no) Tax-exempt status J 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 1982 CA Part I Summarv Briefly describe the organization's mission or most significant activities The Foundation based in Sacramento, CA is a statewide nonprofit organization trade organization made up of 25 Independent Living Activities & Governance 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 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) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 24 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 24 6 Total number of volunteers (estimate if necessary) 6 20 Total unrelated business revenue from Part VIII, column (C), line 12 0 7a Net unrelated business taxable income from Form 990-T. line 34 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 2,531,439 2,342,920 9 Program service revenue (Part VIII, line 2g) 37,353 20,155 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,674 969 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,576,466 2,364,044 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 118,017 416,887 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 897.268 952.818 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a "小学生" **设施的地位的** Total fundraising expenses (Part IX, column (D), line 25) ▶ 52,020 17 1,542,242 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 960,236 Total expenses Add lines 13-17 (must equal Part X- column (A) line 25) 2,557,527 18 2,329,941 Revenue less expenses Subtract line 18 from line 12 19 18,939 34,103 Š Beginning of Current Year **End of Year** OCT 23 2012 20 Total assets (Part X, line 16) 680,901 780,608 21 Total liabilities (Part X, line 26) 440.387 371,818 Net assets or fund balances Subtract line 21 from line 20-22 309.083 340,221 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 officer Date Неге 4/16/2012 Type or print name and title Print/Type preparer's name Preparer's signature Check Paid 10/12/2012 self-employed P01009486 Roberto Izabal **Preparer** Firm's EIN ► 77-0016122 Firm's name ► Izabal, Bernaciak & Company **Use Only** Firm's address ▶ One Market, Spear 344, San Francisco, CA 94105 (415) 896-5551 Phone no X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

00 CANNED

roiin :	990 (2011) California Foundation for Independent Living Centers	94-2638242	Page Z
Pa	Statement of Program Service Accomplishments		(V)
		· · · ·	. <u>X</u>
1	Briefly describe the organization's mission The misssion of the California Foundation for Independent Living Centers is to advocate for		
	• • • • • • • • • • • • • • • • • • • •		
	community life by increasing the capacity of Independent Living Centers to achieve their		
	missions		
2	Did the organization undertake any significant program services during the year which were not listed or	n	·
_	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?.	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service	rices, as measured	d by
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to re-		of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service repo	rted	
4a	(Code:) (Expenses \$ 1,219,374 including grants of \$ 0) (Reven		
	Assistive Tech & System Change Networs - Acted as a hub for systems change network and assistive		
	tech network. Continued efforts to increase representation from different ethnic and rural		
	communities Continued to maintain a strong disability voice and presence in public policy and		
	media.		
4b	(Code) (Expenses \$ 708,639 including grants of \$ 0) (Reven		
40			
	pantries and other emergency food distribution sites. Provided technical assistance on how to make		
	food banks and food pantries more accessible to people with disabilities		
4c	(Code) (Expenses \$ 209,298 including grants of \$ 0) (Reven	ue \$	0.)
	Youth Organizing - Connected youth with disabilities to each other, organizations, resources and		
	opportunities for increased leadership development, advocacy, action, disability pride, history		
	and culture.		
		. 	
		·	
	Other and the Control of the Control		
4d	Other program services (Describe in Schedule O)	20.455	
	(Expenses \$ 75,012 including grants of \$ 0) (Revenue \$	20,155)	

			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	Ť		 ^-
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
5				ŀ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
_	· · · · · · · · · · · · · · · · · · ·	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			١.,
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1		
	VII, VIII, IX, or X as applicable	1		1,00
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			' ' -
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule D. Parts XI. XII. and XIII	12a	Ιx	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"		l : `	
-	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13	<u> </u>	X
-	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			<u> </u>
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			ļ
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			Ë
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		 	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	<u> </u>		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 		Ė
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	 	 	 ^``
. •	If "Yes," complete Schedule G, Part III	19		X
202	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	 	x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	 ^`
			gan	(2011)
		FOIT	<i>33</i> 0	(ZUII)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Qid the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1346	***	195630
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			# 1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	and that	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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I.	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.	33		Х
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	

	990 (2011) California Foundation for Independent Living Centers 94-283 1 V Statements Regarding Other IRS Filings and Tax Compliance	88242	P	Page 5
ια	Check if Schedule O contains a response to any question in this Part V			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0	5	:	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		li
	gaming (gambling) winnings to prize winners?	1c		j . ,
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 24	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			!
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		١.,
	account)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country			1
Eo	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	-	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	organization solicit any contributions that were not tax deductible?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	"		 ^`
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1
	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		[}]
~	and the diguination mane any tenderic distributions and the desired toolight 1000	_ <u> </u>		

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a Χ

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Did the organization make a distribution to a donor, donor advisor, or related person?

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Gross income from other sources (Do not net amounts due or paid to other sources

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Initiation fees and capital contributions included on Part VIII, line 12

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Enter

Gross income from members or shareholders

against amounts due or received from them)

10

12a

13

12a

13a

14b

10a

10b

11a

11b

12b

orm 9	90 (2011) California Foundation for Independent Living Centers 94-283		P	age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for		п	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	e ins	truct	ions.
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24		<u></u>	١,
	If there are material differences in voting rights among members of the governing body, or	. `		1 1
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			•
ь	Enter the number of voting members included in line 1a, above, who are independent 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,		
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			i
а	the year by the following The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
_	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	420	_	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"		<u>^</u>	_
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	14.35		÷.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u>.</u> . '
а	The organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>
b	Other officers or key employees of the organization	15b	,	X
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		`	-
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100	,,	 ^-
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			'
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(s)(3)s	only))
	available for public inspection. Indicate how you made these available. Check all that apply			
10	Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest			
19	Describe in Schedule O whether (and if so, how), the organization made 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: ► Phillip Thompson (916) 325-16			
	1234 H Street, Sacramento, CA 95814			

						_					
1 Form 990'(2011)	· California Foundation for Indepen	dent Livina Cen	ters							94-28382	42 Page 7
Part VII											1 490 1
	Employees, and Independent C		·			•	•	•			
	Check if Schedule O contains a re	esponse to any	y que	stic	n II	n th	ıs Pa	art \	/II		
Section A.	Officers, Directors, Trustees, Key I	Employees, an	d Hig	hes	t C	omj	pens	ate	d Employees		
•	this table for all persons required to be	elisted Report	comp	ens	atıo	n fo	or the	cal	endar year endı	ng with or within	the
organization's	•										
	of the organization's current officers,							ls o	r organızatıons)	, regardless of a	imount
•	tion Enter -0- in columns (D), (E), and							c:		II	
	of the organization's current key emple organization's five current highest co										nnlovee)
	reportable compensation (Box 5 of Fo										
	and any related organizations								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	
	of the organization's former officers, k								d employees wh	no received more	e than
\$100,000 of r	eportable compensation from the orga	ınızatıon and an	y rela	ited	org	anı	zatioi	าร			
	of the organization's former directors										of the
=	more than \$10,000 of reportable comp			-				-	-		
	n the following order individual trustee I employees, and former such persons		nstitu	tion	al ti	rust	ees,	offic	ers, key employ	ees; highest	
_ `										d	4
Check th	is box if neither the organization nor a	ny related organ	lizauc	on c			sated	an	y current onicer.	, director, or trus	itee
						C) ition					
	(A)	(B)			neck	тоге	e than		(D)	(E)	(F)
	Name and Title	Average hours per				rect	is botl or/trus	ee)	Reportable compensation	Reportable compensation	Estimated amount of
		week (describe		ſ		κ _e γ	g E	7	from	from related	other
		hours for	Individual or director	<u>#</u>	Officer	y en)hest	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		related organizations	otor tr	l on a		employee	8 S		(W-2/1099-MISC)		organization and related
		in Schedule O)	Individual trustee or director	Institutional trustee		/ee	npen	ĺ			organizations
]	6	ee			Highest compensated employee				
(1) Tink Mi	dlor		├	\vdash	├		-				
Director		1 00	x						0	o	0
(2) Jimie S	Soto	100	<u> </u>								
Director		1 00	Х						0	l o	О
(3) Lee Na	ttress										
Director		1 00	X		ļ				0	0	0
(4) Susan	Rotchy										
<u>Director</u>		1 00	X		├	ļ	ļ	_	0	0	0
(5) James	Baker	1 00							_		_
Director (6) Eldon l	LICO	1 00	 ^		╁	-		\vdash	0	0	0
Director	Luce	1 00	×						o	0	0
(7) Lillibeth	n Navarro	1 00	 ^	 				<u> </u>	<u> </u>		
Director		1 00	X			1			О .	0	О
	DeFontenelle-Garcia				İ			1			
Director		1 00	X		L	l		1	О (l o	0

1 00 X

1 00 X

100 X

100 X

100 X

100 X

(9) Dolores Nason

(11) Paul Van Doren

(10) Eli Gelardin

(12) Fran Bates

(13) Jessie Lorenz

(14) David DeNola

Director

Director

Director

Director

Director

Director

0

0

0

0

0

Part VII Section A. Officers, Directors, Tr	ustees, Key En	nplo	yee	s, a	nd	Highe	est	Compensated	Employees (co	ntinued)
(A) Name and title	(B) Average hours per week (describe	(do r box, office	not ch unles	Pos neck ss pe	c) ition more rson irecti	than c is both or/truste	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) Jo Black Director	1 00	Х	:					0	0	0
(16) Adam Brown Director	1 00	Х						0	0	0
(17) Aliza Barzılay Dırector	1 00	X						0	О	0
(18) Sheri Burns Chairperson	3 00	X		х				0	0	0
(19) Dolores Kollmer Vice Chairperson	3 00	Х		х				0	0	0
(20) Robert Hand Treasurer	3 00	Х		х				0	0	0
(21) Sarah Triano Secretary	3 00			х				0		0
(22) Elsa Quezada Immediates Past Chair	3 00	X		x				0	0	0
(23) Louis Frick Council Representative	3 00	Х		х				0	0	0
(24) Yomi Wrong Member at large	3 00	Х		х				0	0	0
(25) Teresa Favuzzı Executive Director	40 00			x				82,000	0	7,110
1b Sub-total							•	82,000	0	7,110
c Total from continuation sheets to Part VII,	Section A						•	54,812	0	13,326
d Total (add lines 1b and 1c)							•	136,812	0	20,436
2 Total number of individuals (including but not l	limited to those	listed	d ab	ove) wł	no rec	eiv	red more than \$	100,000 of	

reportable compensation from the organization

O

- Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If* "Yes," *complete Schedule J for such individual*
- For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

	Yes	No
3		Х
4		X
5	Salar Market	X
5	Salar Market	X

Section B. Independent Contractors

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

Name	(A) and business address	(B) Description of services	(C) Compensation
Independent Living Partner	6235 River Crest Drive, Suite C, Riverside, C	Administration/oversight	151,839
Westside Cntr for IL	12901 Venice Blvd, Los Angeles, CA 90066	Training/Technical Assistance	105,903
			0
			0
			0
Total number of independent compensations and statement of the statement o	entractors (including but not limited to those listed a	•	

Business Code

969

0

0

20,155

969

2,364,044

900099

Miscellaneous Revenue

All other revenue.

Total. Add lines 11a-11d

Total revenue. See instructions

11a

969 0 969 Form **990** (2011)

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)

	Check if Schedule O contains a response to any	question in this Par	rt IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	416,887	416,887		
2	Grants and other assistance to individuals in the				, ,
	United States See Part IV, line 22	0			······
3	Grants and other assistance to governments,				1
	organizations, and individuals outside the			1	•
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	157 150	150 675	1,424	5,059
6	Compensation not included above, to disqualified	157,158	150,675	1,424	5,059
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ol			
7	Other salaries and wages	641,990	620,242		21,748
8	Pension plan accruals and contributions (include		020,212		
•	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	79,169	72,144	5,535	1,490
10	Payroll taxes	74,501	69,838	2,470	2,193
11	Fees for services (non-employees)				
а	Management	o	j		
b	Legal	16,519	8,821	7,612	86
C	Accounting	21,194	11,318	9,766	110
d	Lobbying	0	_, ., ,, <u>.</u>		
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	431	229	198	4
12	Advertising and promotion	800	550	250	
13	Office expenses	78,789	51,263	26,476	1,050
14	Information technology	46,258	46,015	243	
15 16	Royalties Occupancy	144,787	141,102	27	3,658
17	Travel .	70,806	63,178	1,424	6,204
18	Payments of travel or entertainment expenses	70,000	03,176	1,424	0,204
	for any federal, state, or local public officials	l ol			
19	Conferences, conventions, and meetings	Ö			· · ·
20	Interest	5,452	4,174	1,092	186
21	Payments to affiliates	0		,	
22	Depreciation, depletion, and amortization	31,925	29,568	1,664	693
23	Insurance	7,890	7,475		415
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				!
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
a	Conference/Conventions	21,585	15,863	854	4,868
b	Consultants	458,108	453,580	272	4,256
ر 0	Accomodations Papage (Maintenance)	17,689 17,109		199 816	
d	Repairs/Maintenance All other expenses	20,894	16,293 15,618	5,276	
е 25	Total functional expenses. Add lines 1 through 24e	2,329,941	2,212,323	5,276 65,598	52,020
26	Joint costs. Complete this line only if the	2,323,341	2,212,323		32,020
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ▶ if				
	following SOP 98-2 (ASC 958-720)	<u> </u>			

Page 11

Balance Sheet (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 2 2 Savings and temporary cash investments 2,477 233,280 3 Pledges and grants receivable, net 530.282 3 449,306 4 4 Accounts receivable, net 24,840 7,239 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 0 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10,611 9 14,487 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 375,706 b Less: accumulated depreciation 10b 311,583 99,014 10c 64,123 11 Investments—publicly traded securities 0 11 0 12 Investments-other securities See Part IV, line 11 0 0 12 Investments-program-related See Part IV, line 11 13 0 13 0 14 Intangible assets 0 14 0 15 Other assets See Part IV, line 11 13,677 15 12,173 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 680,901 780,608 17 Accounts payable and accrued expenses 194,058 17 223,621 18 Grants payable 18 19 Deferred revenue 95,056 19 69,761 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties ol 24 0 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 82,704 25 147,005 26 Total liabilities. Add lines 17 through 25 371,818 26 440.387 Organizations that follow SFAS 117, check here **Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 309,083 27 340,221 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ Net Assets or 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 Total net assets or fund balances 309,083 33 340.221 Total liabilities and net assets/fund balances 680,901 34 780.608

` <u>Form</u>	990 (2011) · California Foundation for Independent Living Centers	94-283	8242	Pa	ge 12
Par					
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		•	X
1	Total revenue (must equal Part VIII, column (A), line 12) .	11		2,364	1,044
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,941
3	Revenue less expenses Subtract line 2 from line 1	3			1,103
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			9,083
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-2	2,965
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		340	0,221
Par	XII Financial Statements and Reporting			340	1,221
1 411	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			,	1
·	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			. '	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl	nt of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain	ın	-		1
	Schedule O		, .		:
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were)		*	
	issued on a separate basis, consolidated basis, or both			. *	;
	X Separate basis Consolidated basis Both consolidated and separate basis				<i>.</i> '
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		-		
	the Single Audit Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	е			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	х	
				990	(2011)

. .

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.

Open to Public Inspection

OMB No 1545-0047

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**

94-2838242 California Foundation for Independent Living Centers Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III–Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? No Yes (A) 0 (B) 0 (C) 0 (D)

0

0

0

Total

(E)

instructions.

	California Foun Support Schedule for Organizat (Complete only if you checked the	ions Describ	ed in Sectio	ns 170(b)(1)(
	Part III If the organization fails to o				•	• •	under
Sec	tion A. Public Support	quality under	ino tooto noto	a bolott, plea	oc complete	r are m.,	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	707 = 0.0	(1) 100	1 (5) = 333	(4/ = 0 + 0	(0, 20)	(1) 10101
•	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	i					0
3	The value of services or facilities					1	
	furnished by a governmental unit to the					1	
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)				-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,	-			5	「おりまる。	
	column (f)					To the second	
6	Public support. Subtract line 5 from line 4			L		以此,数别	0
	tion B. Total Support	· · ·				r	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	0	0	0	0	o o	0
8	Gross income from interest, dividends,					1	
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						_
44	(Explain in Part IV)			-		1 X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (s	L		<u> </u>			0
13	First five years. If the Form 990 is for the o			urd fourth or fit	th tay year as	12	(2)
13	organization, check this box and stop here	rganization s iii	ist, second, till	ira, ioartii, or iii	iii iax yeai as	a section 50 r(c)	⁽⁽³⁾
0		D				• • •	
	tion C. Computation of Public Support						
14	Public support percentage for 2011 (line 6, or Public support percentage from 2010 Sched			column (t))		14	0 00%
15 16a	33 1/3% support test—2011. If the organization			n line 12 and l	no 14 in 22 1/	15	0.00%
104	and stop here. The organization qualifies as				ine 14 is 33 i/.	5% or more, che	CK this box
b	33 1/3% support test—2010. If the organization				and line 15 is	22 1/20/ or more	· · · ►
U	box and stop here . The organization qualific				and line 15 is	33 1/3% OF MORE	e, check this
17a	10%-facts-and-circumstances test—2011	-		-	ıno 12 16a oı	. 16h and line 1	4
174	is 10% or more, and if the organization mee Part IV how the organization meets the "fact	ts the "facts-ar	nd-circumstand	ces" test, check	this box and	stop here. Expla	ain ın
	organization			organization	. 444111100 40 6	. Pasiioi, suppoi	
b	10%-facts-and-circumstances test—2010	. If the organiz	ation did not cl	heck a box on I	ine 13. 16a. 16	 6b, or 17a. and I	ine
	15 is 10% or more, and if the organization in						
	Part IV how the organization meets the "fact						F :=:::: ***
	supported organization						▶□
18	Private foundation. If the organization did i	not check a bo	x on line 13, 16	6a, 16b, 17a, o	r 17b, check th	nis box and see	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support			<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	257,905	304,238	1,008,026	2,531,439	2,342,920	6 444 529
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	606,450	615,639	24,694	37,353	20,155	6,444,528 1,304,291
3	Gross receipts from activities that are not an unrelated trade or business under section 513				51,555		0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5	864,355	919,877	1,032,720	2,568,792	2,363,075	7,748,819
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	004,303	919,077	1,032,120	2,300,792	2,303,073	7,740,019
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)				,		7,748,819
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	864,355	919,877	1,032,720	2,568,792	2,363,075	7,748,819
10a	Gross income from interest, dividends, payments received on securities loans,						
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	15,750	38,644				<u>54,394</u> 0
С	Add lines 10a and 10b	15,750	38,644	0	0	0	54,394
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	27,763	32,368	44,496	7,674	969	113,270
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	21,,100	02,000	11, 100		300	0
13	Total support. (Add lines 9, 10c, 11, and 12)	907,868	990,889	1,077,216	2,576,466	2,364,044	7,916,483
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
	tion C. Computation of Public Support I						
15	Public support percentage for 2011 (line 8, column		e 13, column (f))			15	97.88%
16	Public support percentage from 2010 Schedule A, I					16	96 95%
	tion D. Computation of Investment Inco					47	0.60%
17 18	Investment income percentage for 2011 (line 10c, of Investment income percentage from 2010 Schedule		•	ımn (1))	ļ	17 18	0.69% 0.80%
19a	33 1/3% support tests—2011. If the organization of			and line 15 is mo	ا %07. 1/3 re than		0 00 70
b	not more than 33 1/3%, check this box and stop he 33 1/3% support tests—2010. If the organization of	ere. The organiza	ation qualifies as	a publicly suppo	rted organization	n	► X
20	line 18 is not more than 33 1/3%, check this box an Private foundation . If the organization did not che	d stop here. The	e organization qu	ualifies as a publ	icly supported or	ganization	
20	1 mate roundation in the organization did not one	S. a SSA OII IIIIE	, , , , , a, Ui 13U, '	CHOOK THIS DOX BI	ace manucilo	119	

	990 or 990-EZ) 2011	California Fo	undation for In	dependent Living	Centers	94-2838242	Page 4
Part IV	Supplemental	Information.	Complete thi	s part to provide	e the explanations required	by Part II, line 1	0;
	Part II. line 17a	or 17b ⁻ and F	Part III line 12	Also complete	e this part for any additiona	l information (Sc	8 6
	instructions)		J	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and parties and accumund		
`	manuchons)		•			<u></u>	
							
							
							
				·			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ. See separate instructions.

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

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

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

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

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

_			•		.,
	e of organization	ganizations Complete Part III		Employe	r identification number
	fornia Foundation for Inde	nendent Living Centers			94-2838242
		he organization is exempt und	er section 501(c) or is a section 527 o	
1		he organization's direct and indirect			- M
2	Political expenditures			. ▶\$	
3	Volunteer hours				
_		······································	41 8044	1/0	
		he organization is exempt und			
1	•	excise tax incurred by the organizati			
2	· ·	excise tax incurred by organization i	=		
3	•	ed a section 4955 tax, did it file Form	1 4/20 for this yea	ar /	Yes No
	Was a correction made?	15.7			Yes No
	If "Yes," describe in Part rt I-C Complete if t	he organization is exempt und	or section 501/	c) except section 501	(0)(3)
га 1		expended by the filing organization			<u>(c)(3).</u>
'	activities	expended by the filling organization	noi section 527 e	. > \$	
2		iling organization's funds contributed	d to other organiz	· •	
-	for section 527 exempt fu		a to outor organiz	. > \$	
3	•	penditures Add lines 1 and 2 Enter	here and on Forr	n 1120-POL,	
	line 17b	•		▶ \$	0
4	Did the filing organization	n file Form 1120-POL for this year?			Yes No
5		ses and employer identification num			
		ents For each organization listed, e			
		entributions received that were promed fund or a political action committee			
	as a separate segregate	d turid or a political action committee			de information in Fait IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
(1)				o	0
(2)					
(-/				0	0
(3)					
				0	0
(4)				0	o
<i>(</i> 5)				<u>-</u>	
(5)				0	0
(6)				_	
		n e e e e e e e e e e e e e e e e e e e			

Schedule C (Form 990 or 990-EZ) 2011

P	art II-A Complete if the organization	is exempt under section 501(c)(3) and file	d Form 5768 (elec	ction
	under section 501(h)).			
Α	Check ▶ if the filing organization belo	ongs to an affiliated group (and list in Part IV	each affiliated grou	p member's
		ses, and share of excess lobbying expenditu	_	
В		cked box A and "limited control" provisions a	•	
		ing Expenditures	(a) Filing	(b) Affiliated
	•	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence pub		2,290	0
b	Total lobbying expenditures to influence a le		18,200	0
С	Total lobbying expenditures (add lines 1a an	- · · · · · · · · · · · · · · · · · · ·	20,490	0
d	Other exempt purpose expenditures	,	2,309,451	0
е	Total exempt purpose expenditures (add line	2,329,941	0	
f	Lobbying nontaxable amount Enter the amo	•		
	columns.	· ·	266,497	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	, 'm'	是是一个人的基础。
g	Grassroots nontaxable amount (enter 25% of	of line 1f)	66,624	0
h	Subtract line 1g from line 1a If zero or less,	enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-			0	0
j	If there is an amount other than zero on eith	er line 1h or line 1i, did the organization file Form	4720 reporting	
-	section 4911 tax for this year?		[Yes No
	A V-	- A		

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.)

	Lol	obying Expenditures	During 4-Year Av	eraging Period	· · · · · · · · · · · · · · · · · · ·	
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount	169,882	182,722	277,876	266,497	896,977
b	Lobbying ceiling amount (150% of line 2a, column(e))			,	Cara a Raman a Cara	1,345,466
С	Total lobbying expenditures	37,238	55,290	70,528	20,490	183,546
d	Grassroots nontaxable amount	42,471	45,681	69,469	66,624	224,245
е	Grassroots ceiling amount (150% of line 2d, column (e))			,		336,368
f	Grassroots lobbying expenditures	18,988	6,364	8,117	2,290	35,759

Schedule C (Form 990 or 990-EZ) 2011

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	n 576	3	
For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)		(b)	
	e lobbying activity	Yes	No	A	moun	:
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			* 11 P		ا مراد الدي المراد الدي المراد المراد ا
a	Volunteers?			,		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					٠
c d	Media advertisements? Mailings to members, legislators, or the public?					
e	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?					
j	Total Add lines 1c through 1i					0
b	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					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5), 	or s	ection		
	Marin a balantalla all (000) and a balantal and a balantal and a				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	٠		1		
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		•	3	 	-
Par	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes."					, is
1	Dues, assessments and similar amounts from members .		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			0
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible		3			
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Part						
Com	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	Part II	-A, ar	nd Part	II-B, li	ne 1.
Also,	complete this part for any additional information					
-		-				

Califo	ormia Foundation for Independent Living Centers	94-2838242
Part IV	Supplemental Information (continued)	Page 4
`		
• • • • • • • • • • • • • • • • • • • •		
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	······	
· · · · · · · · · · · · · · · · · · ·		
	•••••	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

 OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Califo	ornia Foundation for Independent Living Cent	ere		94-2838242	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco					
	the organization answered "Yes" to				
		(a) Donor advised funds	(b) F	unds and other accounts	
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and d			dvised	
	funds are the organization's property, subject			Yes No	
6	Did the organization inform all grantees, dor	<u> </u>			
	used only for charitable purposes and not for		or for any o		
_	purpose conferring impermissible private be			. Yes No	
Par	Conservation Easements. Comp	lete if the organization answered "Yes"	to Form 99	90, Part IV, line 7	
1	Purpose(s) of conservation easements held	by the organization (check all that apply)			
	Preservation of land for public use (e.g., recr	eation or education) Preservation (of an histor	ically important land area	
	Protection of natural habitat	Preservation of	of a certifie	d historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contributi	on in the fo	rm of a conservation	
	easement on the last day of the tax year	·			
				Held at the End of the Tax Year	
а	Total number of conservation easements		2a		
þ	Total acreage restricted by conservation eas		2b		
	c Number of conservation easements on a certified historic structure included in (a) 2c				
d	Number of conservation easements include)		
3	historic structure listed in the National Regis Number of conservation easements modifie		2d	the organization	
J	during the tax year	u, transierreu, reieaseu, extinguisneu, or ter	minated by	tile organization	
4	Number of states where property subject to	conservation easement is located			
5	Does the organization have a written policy		n. handling	of	
	violations, and enforcement of the conserva			Yes No	
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	easement	s during the year	
	•				
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation easi	ements dur	ing the year	
	\$				
8	Does each conservation easement reported		of section		
9	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization of		io and avne	Yes No	
3	balance sheet, and include, if applicable, the	·	•	•	
	the organization's accounting for conservation		ianciai stati	cinents that describes	
Pari		ons of Art, Historical Treasures, or Other	Similar As	sets.	
	Complete if the organization answere				
1a	If the organization elected, as permitted und	er SFAS 116 (ASC 958), not to report in its	revenue st	atement and balance sheet	
	works of art, historical treasures, or other sir				
	of public service, provide, in Part XIV, the te				
b	If the organization elected, as permitted und	er SFAS 116 (ASC 958), to report in its reve	enue staten	nent and balance sheet	
	works of art, historical treasures, or other sir		ation, or res	earch in furtherance	
	of public service, provide the following amou				
	(i) Revenues included in Form 990, Part VII	I, line 1		> \$	
_	(ii) Assets included in Form 990, Part X			▶ \$	
2	If the organization received or held works of			ncial gain, provide the	
_	following amounts required to be reported un Revenues included in Form 990, Part VIII, In		items	▶ ¢	
a b	Assets included in Form 990, Part X	IIC I		P Q	
	,, nicioce a ni i ellil eee, i ellili			- U	

Par	Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10					
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land .	0	0		0	
b	Buildings	0	0	0	0	
С	Leasehold improvements	0	0	0	0	
d	Equipment .	0	375,706	311,583	64,123	
е	Other	o	0	0	0	
Tota	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10((c)) >	64,123	

Part VII	Investments—Other Securit	ies. See Form 990, Part X,	line 12	
` (a)	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Financial	derivatives	0		
	eld equity interests	0		
		0		
(<u>B</u>)			<u> </u>	· ·- ·- ·-
(C)				
(n)		0		
?e;		0		
)'.		0		
(H)		0		
(I)		0		
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 12.)	0		- ;
Part VIII	Investments—Program Rela	ted. See Form 990, Part X	, line 13	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)		0		
(2)		0		
(3)		0		
(4)		0		
(5)		0		
<u>(6)</u>	· · · · · · · · · · · · · · · · · · ·	0		
(7) (8)		0		
<u>(9)</u> (9)		0		
(10)		0		
	must equal Form 990, Part X, col. (B) line 13.)	 		- 1
Part IX	Other Assets. See Form 990,	Part X, line 15		
		(a) Description		(b) Book value
(1)				0
(2)				0
(3)				0
(4)				0
(5)				0
(6)				0
				0
<u>(8)</u> (9)				0
(10)				0
	mn (b) must equal Form 990, Part X,	col (B) line 15)	. ▶	0
Part X	Other Liabilities. See Form 9			
1.	(a) Description of liability	(b) Book value		•
(1) Federal	income taxes	0		
(2) Line of		95,000		
(3) Capital	lease	52,005		
(4)		0		
(5)		0		
<u>(6)</u>		0		
(7)		0		
(8)		0		
<u>(9)</u> (10)		0		
(11)		n		: !
	must equal Form 990, Part X col (B) line 25)	147,005		•

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedule D (Form 990) 2011 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 2,364,044 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 2,329,941 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 34,103 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 9 Total adjustments (net) Add lines 4 through 8 9 0 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 34,103 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 2,364,044 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 2a b Donated services and use of facilities 2b Recoveries of prior year grants 2c ئېد ب**ې** Other (Describe in Part XIV) d 2d Add lines 2a through 2d е 2e O 3 Subtract line 2e from line 1 2,364,044 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4b 1 to 1 Add lines 4a and 4b С 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 2,364,044 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 2.329.941 £7. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a b Prior year adjustments 2b Other losses C 2c d Other (Describe in Part XIV) 2d Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 2,329,941 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b а 4a Other (Describe in Part XIV) b 4b С Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 2,329,941 Part XIV **Supplemental Information** Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

•	California Foundation for Independent Living Centers	94-2838242	
Schedule D (Form		P	age 5
Part XIV	Supplemental Information (continued)		
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	•••••		
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	•		

Schedule D (Form 990) 2011

SCHEDULE (Form 990)

Department of the Treasury

Name of the organization Internal Revenue Service

California Foundation for Independent Living Centers

Part I

is, and Individuals in the United States
Individuals
overnments, and

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

▶ Attach to Form 990.

_	blic
<u></u>	Pu
30	n to
60	Ope

OMB No 1545-0047

Inspection

94-2838242

Yes No

Employer identification number

	l	×
	substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount o	the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to can be duplicated if additional space is needed Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) St Julie Billiard Church 366 St Julie Drive San Jose, CA 9	94-2734503	501(c)(3)	5,000	0			Food Program
(2) Butler Pentacostal Church 354 E Butler Ave Fresno, CA 937	06-1832970	501(c)(3)	5,000	0			Food Program
(3) Delpaso Pentacostal Church 4039 Balsaam St Sacramento, CA	94-2690844	501(c)(3)	5,000	0			Food Program
(4) IL Services of N Calif 1161 East Av Chico, CA 95926	94-2735218	501(c)(3)	31,818	0			Reuse
(5) Center for IID 1515 El Camino Real San mateo.	94-2581080	501(c)(3)	39,321	0			Reuse
(6) Center For Independent Living 3075 Adeline St Berkeley, CA 947	23-7175191	501(c)(3)	15,000	0			Reuse
(7) Communities Actively Living In 634 S Spring St Los Angeles, CA	95-4860169	501(c)(3)	27,753	0			Reuse
(8) Convalescent Aid Society 3255 E Foothill Blvd Pasadena, C	95-1782304	501(c)(3)	30,000	0			Reuse
(9) Bread of Life -Life Song 3034 Michigan Av Stockton, CA 9	43-1950734	501(C)(3)	5,000	0			Food Program
(10) Crenshaw United Methodist 3740 Don Filepe Dr Los Angeles,	95-1531005	501(c)(3)	5,000	0		:	Food Program
(11) Independent Living Partnership 6235 River Crest Dr Riverside, CA	33-0464739	501(c)(3)	263,823	0			DLL
(12)			0	0			
2 Enter total number of section 501(c)(3) and government orga	in 501(c)(3) and	d government organiz	nizations listed in the line 1 table	1 table			

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

Schedule I (Form 990) (2011)

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

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 ō (d) Amount of non-cash assistance 0 0 0 0 (c) Amount of cash grant Part III can be duplicated if additional space is needed 0 0 0 (b) Number of recipients Part I Line 2 Reviewed and monitored by committee (a) Type of grant or assistance Schedule I (Form 990) (2011) Part III Ŋ 9

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number California Foundation for Independent Living Centers 94-2838242 Form 990, Part III, Line 4d Program Service Expenses 44,445, Grants and allocations: 0, Revenue 20,155 Membership services Form 990, Part III, Line 4d Program Service Expenses 30,567, Grants and allocations. 0, Revenue 0 Consumers Settlement Fund Form 990 Part XI Line 5 Depreciation of assets purchased with grant funds Form 990 Part VI Section A Line 6 Members are Independent Living Centers that pay the membership dues each year Form 990 Part VI Section A Line 7a Members of CFLIC elect their governing board(Executive Committee) from membership of dues paying CFILC members Form 990 Part VI Section A Line 7b Decisions of the Executive Committee are voted upon by the full membership Form 990 Part VI Section B Line 11b The Form 990 is reviewed and approved by the Treasurer and the Finance Committee on Form 990 Part VI Section B Line 15a The salary and benefits for the Executive Director 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 financial statements are available upon request

Continuation Sheet for Form 990

Page _1 of 1

Employer identification number

California Foundation for Independent Living Centers

94-2838242

Part VII Section A Continuation of Off		rs, T	rus	tee	es,	Key	Em	ployees, and	Highest	
Compensated Empl		· · · –			<u></u>			(D)	(E)	(F)
(A) Name and title	(B) Average	Posit	tion (C) k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(26) Phil Thompson					Г					
CFO/Controller	40		-	Х	-	-	┡	54,812	0	13,326
(27)										
(28)										
(29)										
(30)										
(31)										
(32)	-									
(33)										
(34)										
(35)										
(36)										
(37)										
(38)										
(39)										
(40)										
(41)										
(42)			1							
(43)					1	†				
(44)										
(45)			1		1			-		
(46)					T					
	<u> </u>		Щ.				٠	ــــــــــــــــــــــــــــــــــ		I