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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection Internal Revenue Service For the 2015 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable California Foundation for Independent Living Centers Doing business as Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 94-2838242 Name change 100 E Telephone number 1000 G Street ZIP code State Initial return City or town (916) 325-1690 CA 95814 Sacramento Final return/terminated Foreign postal code Foreign country name Foreign province/state/county 1.872.743 Amended return G Gross receipts \$ F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Teresa Favuzzi 1234 H Street, Sacramento, CA 95814 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) Tax-exempt status 501(c) () **(**insert no) 4947(a)(1) or J Website: ► www.cfilc.org H(c) Group exemption number X K Form of organization Corporation Association Other D L Year of formation M State of legal domicile 1982 CA Part I Summary Briefly describe the organization's mission or most significant activities Expenses ANNEDRAGHUE 1 5 2 Activities & Governance 2 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) 21 Number of independent voting members of the governing body (Fatty) 4 21 Total number of individuals employed in calendar year 2015 (Part Vaine 2a) 5 21 Total number of volunteers (estimate if necessary) 20 6 Total unrelated business revenue from Part VIII column et line 12 2016 0 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1.806.866 1,817,302 Program service revenue (Part VIII, line 2g) 52,060 55,441 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c (20c, and 11e) 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,858,926 1,872,743 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 318,582 118,028 14 Benefits paid to or for members (Part IX, column (A), line 4) O 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 993,148 1,056,999 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 544,830 693,469 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 1,856,560 1,868,496 19 Revenue less expenses Subtract line 18 from line 12 2.366 4,247 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 1,440,277 1,429,680 21 Total liabilities (Part X, line 26) 1,112,472 1.099.056 Net assets or fund balances. Subtract line 21 from line 20 327.805 330,624 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 Sian of officer Signatura Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid CPA self-employed 11/3/2016 P01009486 Roberto Izabal Preparer Firm's name > Izabal, Bernaciak & Company Firm's EIN ► 77-0016122 **Use Only** Firm's address ► 388 Market Street, San Francisco, CA 94111 (415) 896-5551 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

Other program services (Describe in Schedule O) 171,248 including grants of \$ 0)(Revenue \$ 55,441) (Expenses \$ Total program service expenses 1,792,667 Form 990 (2015) Form 990 (2015) California Foundation for Independent Living Centers 94-2838242 Page 3 **Checklist of Required Schedules** Part IV Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х complete Schedule A 2 Χ is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Х Part III 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 6 Х "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Х 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 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Х Schedule D, Part VI 11a 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 Χ c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b Х foreign investments valued at \$100,000 or more? If "Yes." complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services Х on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

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	A 1 11 4	of Required S	N . II I	/
Part IV	('baabliat	^* ********	CONCALINO	ICONTINUERI
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		oi itoquilos t		100mmaca,

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a	i	Х
b	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		
d	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_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>X</u> _
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	120		
_,	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			,
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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,	30		^
٠.	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	330	-	<u> </u>
50	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2015)

Form 9	90 (2015) California Foundation for Independent Living Centers 94-283	8242	Р	age 5
Par				
-	· Check if Schedule O contains a response or note to any line in this Part V			Ц
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	1 :		
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		.,	
_	gaming (gambling) winnings to prize winners?	1c	_X	
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 21	1		ł
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 (see instructions)			١.,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	١.		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		 ^
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	C-		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		ŀ
7	gifts were not tax deductible?	60		
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		×
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 ^
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	''	ļ	ļ
С	required to file Form 8282?	7c		×
٨	If "Yes," indicate the number of Forms 8282 filed during the year 7d	\ '		├
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		$\frac{\hat{x}}{x}$
١	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 ^
9 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. Did a donor advised fund maintained by the	├		\vdash
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ť		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)		ĺ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L.	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans]		
C	- · · · · · · · · · · · · · · · · · · ·	1	i	1

Did the organization receive any payments for indoor tanning services during the tax year?

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

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14a

14b

Part VI

California Foundation for Independent Living Centers

94-2838242

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

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	21						
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent	<u>1b</u>	21						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with							
	any other officer, director, trustee, or key employee?			2	Χ				
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	r person?		3		Х			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?		5		X			
6	Did the organization have members or stockholders?		i	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	Χ				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	1							
	stockholders, or persons other than the governing body?			7b	Χ				
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during							
	the year by the following								
а	The governing body?			8a	Χ	<u></u>			
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 re-	eached							
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>			
<u>Sect</u>	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Rev</u>	<u>enue C</u>	ode					
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such	·-		10b					
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a									
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could go to the conflict of t	rivo soo to cont	lucto 2	12a	X				
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If		iicts '	12b					
C	describe in Schedule O how this was done	163,		12c		x			
13	Did the organization have a written whistleblower policy?			13		X			
14	Did the organization have a written document retention and destruction policy?			14		X			
15	Did the process for determining compensation of the following persons include a review and appro	val hv				 ^-			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•							
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		į						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement							
	with a taxable entity during the year?			16a		×			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard							
	the organization's exempt status with respect to such arrangements?			16b		<u> </u>			
	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 99	D-T (Section 5	01(c)(3)	s only	/)				
	available for public inspection. Indicate how you made these available. Check all that apply								
X Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of inter	est poli	cy, an	đ				
20	financial statements available to the public during the tax year.	ooko ood sees	rdo	_					
20	State the name, address, and telephone number of the person who possesses the organization's to Phillip Thompson	916) 32(916)							
	1000 G Street Suite 100, Sacramento, CA 95814	(310).32	J- 1030						

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or within the stax year.	
	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount in Enter -0- in columns (D), (E), and (F) if no compensation was paid	
 List the 	of the organization's current key employees, if any See instructions for definition of "key employee" organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)	
	reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the 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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
		(C)								
(A) Name and Title	(B) Average hours per	box,	unles	neck s pe d a d	rson irecto	than court to the theorem of the the	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Susan Rotchy	1 00									
Director	0 00	X						0	o	0
(2) Jimmie Soto	1 00									
Director	0 00	X						0	О	0
(3) Sheri Burns	1 00									
Director	0 00	Х						0	0	o
(4) Elsa Quezada	1 00									
Director	0 00	Х						0	О	0
(5) David DeNola	1 00									
Director	0 00	Х						0	0	0
(6) Ron Halog	1 00									
Director	0 00	X						0	0	0
(7) Evan LeVang	1 00									
Director	0 00	X	乚					0	0	0
(8) Paula Margeson	1 00									
Director	0 00	Х						0	0	0
(9) Dolores Nason	1 00									
Director	0 00	X						0	0	0
(10) Adam Brown	1 00									
Director	0 00	Х						0	0	0
(11) Danı Anderson	1 00									
Director	0 00	Х						0	0	<u>o</u>
(12) Eli Gelardin	1 00									
Director	0 00	Х						0	0	0
(13) Tink Miller	1 00									
Director	0 00	X						0	0	0
(14) Sam Morgan	1 00									
Director	0 00	Х						0	0	0

Part VII Section A. Officers, Directors, To	rustees, Key Em	ploye	es,	and	d Hi	ghes	t Co	ompensated Em	ployees (contin	ued)		
· (C)												
(A) Name and title	(B) Average hours per	box,	unle	heck ss pe	rson	than o	an	(D) Reportable compensation	(E) Reportable		(F) stimate	
	week (list any hours for related organizations below dotted line)	or director		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con i org ar	other mpensa from the ganizate nd relate ganizate	ation e ion ied
(15) Jan Vitro	1 00										-	
Director	0 00	_	┕				_	0	0			0
(16) Donalyn Sjostrand		1										
Director	0 00		<u> </u>	ļ	ļ	ļ	ļ	0	0			0
(17) Anastasia Bacigalupo	-	1										
Director	0 00	+	<u> </u>	<u> </u>	<u> </u>		<u> </u>	0	0			0
(18) Paul Van Doren	-	1					ŀ					
Treasurer	0 00		┞	X.	ļ	ļ	ļ	0	0			0
(19) Jessie Lorenz		l .										
Secretary	0 00	+	┞	X	<u> </u>		_	0	0			0
(20) Larry Grable		1							_			
Vice President	0.00	+	ļ	X		_	ļ	0	0		0	
(21) Ana Acton		1										_
President (20)	0 00		┝	X	 			0	0			0
(22) Teresa Favuzzı		1		l				04.440			41	- 707
Executive Director (23) Phil Thompson	40 00			X	├		-	91,442	0			5,707
CFO	0 00	1		x				54,704	o		15	8,488
(24)	000	 	 	┝	 	 		34,704	, , , , , , , , , , , , , , , , , , ,			3,400
							İ					
(25)			\vdash		┢		\vdash					
X-2/							ļ					
1b Sub-total		·	٠	1			•	146,146	0	34,195		
c Total from continuation sheets to Part VII, S	Section A						•	0	0			0
d Total (add lines 1b and 1c)							•	146,146	0.		34	4,195
2 Total number of individuals (including but not l	imited to those lis	ted a	bov	e) v	vho	recei	ved	more than \$100	· · · · · · · · · · · · · · · · · · ·			
reportable compensation from the organization				1								
									-		Yes	No
3 Did the organization list any former officer, dir	ector, or trustee,	key e	empl	oye	e, c	r high	nest	compensated				
employee on line 1a? If "Yes," complete Sche	dule J for such in	dividi	ıal							3		X
4 For any individual listed on line 1a, is the sum	of reportable con	npen	satio	on a	nd o	other	con	npensation from				
the organization and related organizations gre	•							•	h			
ındıvıdual						•				4		Х
5 Did any person listed on line 1a receive or acc	crue compensatio	n from	m aı	ט ער	nrel	lated	ora	anization or indiv	udual		Ī	
for services rendered to the organization? If "	•			•			_			5		×
Section B. Independent Contractors						11-11-11		<u> </u>			٠	<u> </u>
Complete this table for your five highest comp compensation from the organization. Report of year.										ax		
(A)								(B)		(C		
Name and business ad	dress							Description of ser	vices C		nsation	
												0
												0
												0

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

more than \$100,000 of compensation from the organization

0

Part VIII Statement of Revenue

		*Check if Schedule O contains	a response or n	ote to any line in	this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, gransimilar amounts not included about the contributions included in I	ove 1f	0 84,208 0 0 1,607,826 125,268				
ğ ğ	h	Total. Add lines 1a-1f		>	1,817,302			<u> </u>
Program Service Revenue	2a b c	Conference Fees Fees for Service		900099 900099	35,835 19,606	35,835 19,606		
ogram Servi	d e f	All other program service revenu			0 0 0			
Pro	g	Total. Add lines 2a-2f		•	55,441			
	3 4 5	Investment income (including divother similar amounts) Income from investment of tax-e Royalties		▶	0 0 0			
	6a b c	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	•	0			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(i) Securities 0 0 0	0				
Other Revenue	d 8a	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	0 1c) a	0	0			
Othe	b	Less direct expenses	b	0				
	c 9a	Net income or (loss) from fundra Gross income from gaming activ See Part IV, line 19		0	0			
	С	Less direct expenses Net income or (loss) from gamin Gross sales of inventory, less	b g activities	0	0			
		returns and allowances Less cost of goods sold Net income or (loss) from sales	a b of inventory	0	0			
	11a	Miscellaneous Revenue		Business Code	0			
	b				0			ļ
	c d e	All other revenue Total. Add lines 11a–11d			0			
	42	Total revenue See petrustions			1 972 742	55 441		

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)

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	domestic governments See Part IV, line 21	118,028	118,028							
2	Grants and other assistance to domestic	i		·						
	individuals See Part IV, line 22	0			·					
3	Grants and other assistance to foreign			ì						
	organizations, foreign governments, and foreign									
	individuals 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	0		0	·					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and	ا								
7	persons described in section 4958(c)(3)(B) Other salaries and wages	857,636	042 077	12 906	053					
7 8		037,030	842,877	13,806	953					
0	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	اه								
9	Other employee benefits	117,850	115,696	2,000	154					
10	Payroll taxes	81,513	80,126	1,310	77					
11	Fees for services (non-employees)	01,513	60, 120	1,310						
''	Management	l								
b	Legal	1,654	1,654							
C	Accounting	19,743	19,743	· · · · · · · · · · · · · · · · · · ·						
d	Lobbying	19,743	19,743							
e	Professional fundraising services See Part IV, line 17	0								
f	Investment management fees				·					
g	Other (If line 11g amount exceeds 10% of line 25, column									
9	(A) amount, list line 11g expenses on Schedule O)	2,593	2,101	492						
12	Advertising and promotion	1,018	1,018	402						
13	Office expenses	49,018	44,119	1,485	3,414					
14	Information technology	28,840	28,840	1,400	0,414					
15	Royalties	0	20,0.0		···································					
16	Occupancy	125,950	124,715	1,235						
17	Travel	92,459	77,309	11,950	3,200					
18	Payments of travel or entertainment expenses		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
	for any federal, state, or local public officials	l ol								
19	Conferences, conventions, and meetings	24,376	9,878	2,785	11,713					
20	Interest	4,331	4,331							
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	1,998	1,998	0	0					
23	Insurance	10,953	10,753	108	92					
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)									
а	Staff Development	20,051	16,271	3,780						
b	Contract Labor	143,560	131,714	10,873	973					
C	Program Funding	114,619	114,619							
d	Repairs/Maintenance	22,868	22,868							
е	All other expenses	29,438	24,009	2,270	3,159					
25	Total functional expenses. Add lines 1 through 24e	1,868,496	1,792,667	52,094	23,735					
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation Check here									
	following SOP 98-2 (ASC 958-720)	i l								

Part X Balance Sheet

		Check if Schedule O contains a response or	note to	any line in this Part X			
					(A)		(B)
		•		1	Beginning of year		End of year
	1	Cash—non-interest-bearing		Ĺ		1	
	2	Savings and temporary cash investments			142,634	2	145,274
	3	Pledges and grants receivable, net			397,526	3	312,385
	4	Accounts receivable, net			2,483	4	5,232
	5	Loans and other receivables from current and for	ormer o	officers, directors,			
		trustees, key employees, and highest compensation	ated er	nployees			
	1	Complete Part II of Schedule L		Ĺ		5	
	6	Loans and other receivables from other disqualified person	ons (as o	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	ind cont	ributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	mployee	es' beneficiary			
şţ		organizations (see instructions) Complete Part II of Sche	dule L			6	
Assets	7	Notes and loans receivable, net			0	7	0
Ä	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		8,415	9	8,362	
	10a	Land, buildings, and equipment cost or			·		
		other basis Complete Part VI of Schedule D	10a	187,383			
	b	Less accumulated depreciation	10b	119,386	3,476	10c	67,997
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line	11		0	12	0
	13	Investments-program-related See Part IV, line	11		0	13	0
	14	Intangible assets	0	14	0		
	15	Other assets See Part IV, line 11		885,743	15	890,430	
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	1,440,277	16	1,429,680
	17	Accounts payable and accrued expenses	155,569	17	216,467		
	18	Grants payable		18			
	19	Deferred revenue		4,909	19	17,589	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D		21	
S	22	Loans and other payables to current and former					
Liabilities		trustees, key employees, highest compensated	emplo	yees, and	:		
ğ		disqualified persons Complete Part II of Sched	ule L			22	
Ë	23	Secured mortgages and notes payable to unrela		ird parties	0	23	0
	24	Unsecured notes and loans payable to unrelate		-	0	24	0
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on lines	17-24) Complete			
		Part X of Schedule D		1	951,994	25	865,000
	26	Total liabilities. Add lines 17 through 25			1,112,472	26	1,099,056
		Organizations that follow SFAS 117 (ASC 958	3). che	ck here ► X and			
es		complete lines 27 through 29, and lines 33 ar					
anc	27	Unrestricted net assets			304,724	27	311,814
3al;	28	Temporarily restricted net assets			23,081	28	18,810
or Fund Balances	29	Permanently restricted net assets			20,00	29	10,010
5		·					
F		Organizations that do not follow SFAS 117 (ASC958),	cneck	here 🕨 💹 and			
Ŋ.		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds		., .		30	
As	31	Paid-in or capital surplus, or land, building, or e				31	
Net Assets	32	Retained earnings, endowment, accumulated in	icome,	or other funds	007.007	32	
~	33	Total net assets or fund balances		}	327,805		330,624
	34	Total liabilities and net assets/fund balances			1,440,277	34	1,429,680

onn s	2015) California Foundation for independent Living Centers	92	1-2030242	Paç	ge IZ
Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,872	2,743
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,868	3,496
3	Revenue less expenses Subtract line 2 from line 1	3		-	1,247
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		327	7,805
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1	1,428
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		330	0,624
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				$\sqcup \!\!\! \perp$
			· ·	Yes	No
1	Accounting method used to prepare the Form 990 Cash _X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X.
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				ĺ
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or	f			1
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain in				$\overline{}$
	Schedule O				
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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	х	
			Form	990	(2015)

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.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

alıfo	ornia	Foundation for Independent Li	ving Centers				94-28	38242			
ar	1	Reason for Public Char	ity Status (All org	ganizations must co	mplete th	iis part)	See instructions				
he (nization is not a private foundat A church, convention of church	•	•							
2	=	A school described in section 1					· ·/(-/-				
3	=	A hospital or a cooperative hos		·			i N				
4		A medical research organization hospital's name, city, and state			•		*	ter the			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6	_	A federal, state, or local govern	•	tal unit described in ex	action 170	/b)/4)/6)/	w۱				
7	<u> </u>	An organization that normally re	eceives a substantia	al part of its support fro		• • • • • • • • • • • • • • • • • • • •	•	ral public			
8	_	described in section 170(b)(1) (A community trust described in			II)						
	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
0		An organization organized and	operated exclusivel	y to test for public safe	ety See se	ction 509	e(a)(4).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g										
a											
b	_	Type II. A supporting organize control or management of the organization(s) You must c	ne supporting organi complete Part IV, Se	zation vested in the sa	ame perso	ns that co	ntrol or manage the	supported			
С	L	Type III functionally integral its supported organization(s)						rated with,			
d		Type III non-functionally in that is not functionally integr requirement (see instruction	itegrated. A support	ting organization operation generally must sat	ated in cor isfy a distr	nection wilbution red	rith its supported org quirement and an at				
е		Check this box if the organiz functionally integrated, or Ty	ation received a wr	itten determination froi	m the IRS	that it is a		e III			
f	F	Enter the number of supported	•	illy illitegrated supportil	ig organiz	allOII					
g		Provide the following information		ed organization(s)							
		lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) is the clisted in you docur	-	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
4)											
3)											
·											
2)											
))											
Ξ)											
otal											

94-2838242

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
	Part III If the organization fails to qualify under the tests listed below, please complete Part III)

	tion A. Public Support	4 > 0044	4.2024		1 - (1) 0044	() 0045	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						0
2	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	0	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)				ļ		
	Public support. Subtract line 5 from line 4			<u></u>	l <u></u>	<u></u> 1	0
	tion B. Total Support	4 3 2044	41.0040	() 0040	() 0044		(D.T.)
_	ndar year (or fiscal year beginning in)		(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources				ĺ		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						
	(Explain in Part VI)						0
11	Total support. Add lines 7 through 10				<u> </u>		0
	Gross receipts from related activities, etc. (see					12	
13	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						▶∟
_	tion C. Computation of Public Su						
	Public support percentage for 2015 (line 6, c		-	f))		14	0 00%
	Public support percentage from 2014 Sched					15	0 00%
16a	33 1/3% support test—2015. If the organiz			s, and line 14 is 33	1/3% or more,		
L	and stop here. The organization qualifies as		_	40 41 45	00.44004		▶
D	33 1/3% support test—2014. If the organiz box and stop here. The organization qualified				is 33 1/3% or more	, cneck this	
47-					405 4		
11a	10%-facts-and-circumstances test—2015 is 10% or more, and if the organization meet	•					
	Part VI how the organization meets the "fact		·		•		
	organization	•	J	-			▶ _
b	10%-facts-and-circumstances test—2014						
	15 is 10% or more, and if the organization m					oplain in	
	Part VI how the organization meets the "fact supported organization	s-and-circumstance	es test ine organ	iization qualifies as	s a publicly		▶ □
19		not about a bours-	lino 13 165 164	170 or 17h obest	this boy and as a		
10	Private foundation. If the organization did instructions	iot check a box on	mie is, iba, ibb,	ira, or irb, check	tins oux and see		▶ [

Schedule A (Form 990 or 990-EZ) 2015 California Foundation for Independent Living Centers

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

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

Sec	tion A: Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	2,342,920	1,750,636	1,613,291	1,806,866	1,817,302	9,331,0 <u>15</u>
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	20,155	44,643	45,098	52,060	55,441	217,397
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	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	2,363,075	1,795,279	1,658,389	1,858,926	1,872,743	9,548,412
	Amounts included on lines 1, 2, and 3	2,000,070	1,700,270	1,000,000	1,000,020	1,012,7.0	0,0.10,1.12
ı a	received from disqualified persons						0
_	' ' ' 						
D	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year					0	0
	Add lines 7a and 7b	0	0	0			
8	Public support (Subtract line 7c from						0.540.440
	line 6)						9,548,412
	tion B. Total Support	(a) 2011	/F) 2012	(a) 2012	(4) 2014	(a) 2015	(f) Total
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	
9	Amounts from line 6	2,363,075	1,795,279	1,658,389	1,858,926	1,872,743	9,548,412
10a	Gross income from interest, dividends,						
	payments received on securities loans,						•
	rents, royalties and income from similar sources				 · · · · · · · · · · · · · · · · · 		0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	969	899	0	0	0	1,868
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	2,364,044	1,796,178	1,658,389	1,858,926	1,872,743	9,550,280
14	First five years. If the Form 990 is for the organization	ganization's first, s	econd, third, fourth	n, or fifth tax year a	is a section 501(c)	(3)	_
	organization, check this box and stop here						<u> </u>
Sec	tion C. Computation of Public Sup	port Percenta	ige				
15	Public support percentage for 2015 (line 8, co	olumn (f) divided by	y line 13, column (f))		15	99 98%
16	Public support percentage from 2014 Schedu	ile A, Part III, line 1	15			16	99 91%
	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2015 (line		•	olumn (f))	•	17	0 00%
18	Investment income percentage from 2014 Sc					18	0 00%
	33 1/3% support tests—2015. If the organiz			4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and st						▶ X
b	33 1/3% support tests—2014. If the organiz					33 1/3%, and	
	line 18 is not more than 33 1/3%, check this b						▶ [
20	Private foundation If the organization did n	ot check a boy on	line 14 19a or 19	h check this hox a	and see instructions		. •

Supporting Organizations Part IV

Section A. All Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		:	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	ļ	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		<u> </u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		ļ
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	l		
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			·
_	purposes	4c	ļ	
5a				
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			·
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
D	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	 	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	—	†	
•	anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited			

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

Schedul	le A (Form 990 or 990-EZ) 2015 California Foundation for Independent Living Centers	94-2838242	F	age 5
Part	Supporting Organizations (continued)			,
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ļ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	
	below, the governing body of a supported organization?	11a	+	├
	A family member of a person described in (a) above?	11b	+	-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in P	art VI. 11c		<u> </u>
Secu	on B. Type I Supporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	he l		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised,			
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the support	orted		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>	+	
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in F	Part		
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	471		
	supervised, or controlled the supporting organization	2		
Secti	ion C. Type II Supporting Organizations		<u> </u>	L
0000	on o. Type is capporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the direct	ors	1	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how conti	l l		
	or management of the supporting organization was vested in the same persons that controlled or management	l l		
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ie 🗌		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the	prior tax		
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies	of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provi	ded? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support	ted		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part	VI how		
	the organization maintained a close and continuous working relationship with the supported organization	(s) <u>2</u>		L
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	<u> </u>	<u> </u>
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ear (see instructio i	1S)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a governmental	ent entity (see instru	ctions)
•		• •		
2	Activities Test Answer (a) and (b) below.	o of	res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purpose the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identif			
	those supported organization(s) to which the organization was responsive in the rest, then in Fart viridenting those supported organizations and explain how these activities directly furthered their exempt purpo	· I		
	how the organization was responsive to those supported organizations, and how the organization determ			
	that these activities constituted substantially all of its activities	2a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or r		+	╁
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	1	
3	Parent of Supported Organizations Answer (a) and (b) below.	15	$\dagger -$	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	1	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities	 	1	†
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this reg	i i		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All						
other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E				
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4	0	0			
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year)						
Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d	0	0			
e Discount claimed for blockage or other						
factors (explain in detail in Part VI)						
Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3	0	0			
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,						
see instructions)	4	0	0			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0			
6 Multiply line 5 by 035	6	0	0			
7 Recoveries of prior-year distributions	7	0	0			
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0			
Section C - Distributable Amount			Current Year			
Adjusted net income for prior year (from Section A, line 8, Column A)	1		0			
2 Enter 85% of line 1	2		0			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0			
4 Enter greater of line 2 or line 3	4		0			
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)	6		0			
7 Check here if the current year is the organization's first as a non-functional	ılly-ınte	grated Type III supporting of	organization (see			
instructions)						

Part '	Type III Non-Functionally Integrated 509(a)(3)) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount	1		0 000
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a	the state of the s			
b				
С				
<u>d</u>	From 2013 0			
<u>e</u>	From 2014 0			
	Total of lines 3a through e	0		
9	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2015 distributable amount			0
<u>_</u>	Carryover from 2010 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		· ·
4	Distributions for 2015 from Section D. line 7 \$ 0			
	<u> </u>		0	
	Applied to underdistributions of prior years Applied to 2015 distributable amount			0
		0		
5	Remaining underdistributions for years prior to 2015, if			
·	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)		0	
6	Remaining underdistributions for 2015 Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions)			0
7	Excess distributions carryover to 2016. Add lines 3			
•	and 4c	0		
8	Breakdown of line 7			
a				
b				
	Excess from 2013 0			
d				
	Excess from 2015 0	 		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

20**15**

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Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

• S	Section 501(c)(4), (5), or (6) or	ganizations Complete Part III			
	e of organization			Emplo	yer identification number
Calif	fornia Foundation for Indep				94-2838242
Pa		he organization is exempt und			organization.
1		ne organization's direct and indirect p	olitical campaign a		
2	Political expenditures			•	\$
3	Volunteer hours				
Pa		he organization is exempt und			
1	•	excise tax incurred by the organizatio		> 55 ▶	\$
2	•	excise tax incurred by organization m	-		\$
3	If the organization incurre	d a section 4955 tax, did it file Form	4720 for this year?	•	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part I	V			
Pa		he organization is exempt und)1(c)(3).
1		expended by the filing organization f	or section 527 exe		•
	activities				\$
2		ling organization's funds contributed	to other organizati		œ.
	527 exempt function activ		are and an Farm 1		\$
3	line 17b	enditures Add lines 1 and 2 Enter h	ere and on Form		\$ 0
4		file Form 1120-POL for this year?			\$0
4 5		ses and employer identification numb	er (FIN) of all sect	ion 527 political organiza	
3	organization made payme	ents For each organization listed, en	ter the amount par	d from the filing organiza	tion's funds Also enter
	the amount of political coi	ntributions received that were prompt	tly and directly deli	vered to a separate politi	cal organization, such
	as a separate segregated	fund or a political action committee	(PAC) If additiona	space is needed, provid	e information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds If none, enter -0-	promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
(1)					
(2)					
(3)					
· ,					
(4)					
(5)					
(6)					
/		l .	1	I	i i

Sch	edule C (Form 990 or 990-EZ) 2015					Page 2
Р	art II-A Complete if the organiza	tion is exempt ι	inder section 50	01(c)(3) and filed	Form 5768 (elec	tion
	under section 501(h)).	•			·	
Α	Check ▶ If the filing organization	n belongs to an a	ffiliated group (ar	nd list in Part IV e	ach affiliated grou	p member's
	name, address, EIN, e	-				•
В	Check ▶ ☐ If the filing organization	· ·			•	
		obbying Expendite		 : : 	· ·	(b) Affiliated
	(The term "expenditures				(a) Filing organization's totals	group totals
1a	Total lobbying expenditures to influence		·		0	0
b	Total lobbying expenditures to influence			ì	0	0
C	Total lobbying expenditures (add lines 1a	•	an cot lobby mg/	Ì	0	0
d	Other exempt purpose expenditures	a ana 15)			1,868,496	0
e	Total exempt purpose expenditures (add	l lines 1c and 1d)		1	1,868,496	0
f	Lobbying nontaxable amount Enter the		lowing table in both	1		
-	columns		g		243,425	0
[If the amount on line 1e, column (a) or (b)	is: The lobbying	g nontaxable amou	nt is:	T	
ı	Not over \$500,000		mount on line 1e			
ı	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000		
[Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25	60,856	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	either line 1h or line	e 1i, did the organiz	ation file Form 4720	O reporting	
	section 4911 tax for this year?				<u> </u>	Yes No
		4-Year Averaging	Period Under sec	tion 501(h)		
	(Some organizations that made	a section 501(h) e	lection do not hav	e to complete all o	f the five columns	below.
	Sec	e the separate inst	ructions for lines	2a through 2f.)		
					<u></u>	·
	Lob	bying Expenditure	s During 4-Year A	veraging Period		
	Calendar year (or fiscal year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
	beginning in)	` '	. ,	, ,		• •
2a	Lobbying nontaxable amount					
	2000ying nontaxable amount	239,808	233,215	242,828	243,425	959,276
_	Lobbying ceiling amount					4 400 044
<u>_b</u>	(150% of line 2a, column(e))					1,438,914
С	Total lobbying expenditures	42.000	0			12 906
_		13,806	0	0	0	13,806
d	Grassroots nontaxable amount	59,952	0	o	o	59,952
	Crossroots souling amount	39,932	<u>U</u>			39,832
е	Grassroots ceiling amount (150% of line 2d, column (e))					89,928
						00,020
f	Grassroots lobbying expenditures	13 806	0	ი	0	13 806

Schedule C (Form 990 or 990-EZ) 2015

Part	II-B	Complete if the organization is exempt under section 501(c)(3) and has NO	T filed	Forr	n 5768	
		(election under section 501(h)).	,			
For e	ach "Y	es," response on lines 1a through 1i below, provide in Part IV a detailed	(6)	(b)	
		of the lobbying activity	Yes	No	Amour	nt
1	During	the year, did the filing organization attempt to influence foreign, national, state or local				
•	•	on, including any attempt to influence public opinion on a legislative matter or				
	_	dum, through the use of				
а	Volunte	-				
b	Paid st	aff or management (include compensation in expenses reported on lines 1c through 1i)?				
С		advertisements?				
d	Mailing	s to members, legislators, or the public?				
е	Publica	tions, or published or broadcast statements?	L			
f		to other organizations for lobbying purposes?				
g		ontact with legislators, their staffs, government officials, or a legislative body?				
h		demonstrations, seminars, conventions, speeches, lectures, or any similar means?			 	
i		ctivities?				
j		dd lines 1c through 1i				0
		activities in line 1 cause the organization to be not described in section 501(c)(3)?	-	\vdash		
b		enter the amount of any tax incurred under section 4912				
C		enter the amount of any tax incurred by organization managers under section 4912				
d		ing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501	(a)/5)	0.5	ootion -	
Fair	III-A		(0)(0)	, 01 5	ection	
		501(c)(6).			Yes	No
4	\More s	ubstantially all (90% or more) dues received nondeductible by members?			1	110
1 2		organization make only in-house lobbying expenditures of \$2,000 or less?			2	+
3		organization make only inviouse lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year?			3	
	: III-B	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," answered "Yes."	(c)(5) OR (I	o) Par	ection t III-A, line	3, is
1		issessments and similar amounts from members		1		
2		162(e) nondeductible lobbying and political expenditures (do not include amounts of			1	
_	-	Il expenses for which the section 527(f) tax was paid).		2a		
a	Curren	·		2b	<u> </u>	-
b	Total	ver from last year		2c		0
с 3		ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4		es were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
•		does the organization agree to carryover to the reasonable estimate of nondeductible				
		g and political expenditure next year?		4		
5	-	amount of lobbying and political expenditures (see instructions)		5	.,	0
Part		Supplemental Information				
		escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	o list), l	Part II-	A, lines 1 ar	nd
		tions), and Part II-B, line 1. Also, complete this part for any additional information				
				- -		
_						

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

	······································		Employer Identification number
	rnia Foundation for Independent Living Cente		94-2838242
Par		or Advised Funds or Other Similar I	
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line	<u>6</u>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	nor advisors in writing that the assets held	ın donor advised
	funds are the organization's property, subject	to the organization's exclusive legal control	ol? Yes No
6	Did the organization inform all grantees, done	ors, 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, of	or for any other
	purpose conferring impermissible private ben	efit?	Yes No
Par	Conservation Easements.		
		ered "Yes" on Form 990, Part IV, line	7
1	Purpose(s) of conservation easements held to		
	Preservation of land for public use (e.g., recr	· -	n of a historically important land area
	Protection of natural habitat		n of a certified historic structure
		Fleservatio	Troi a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribution	
	easement on the last day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease		2b
C	Number of conservation easements on a cert		2c
d	Number of conservation easements included		
_	historic structure listed in the National Regist		
3	Number of conservation easements modified	, transferred, released, extinguisned, or ter	minated by the organization during
	the tax year		
4	Number of states where property subject to o		a handling of
5	Does the organization have a written policy reviolations, and enforcement of the conservati		Yes No
6	Staff and volunteer hours devoted to monitoring,		
٠	Stati and volunteer flours devoted to filoritoring, in	rispecting, handling of violations, and emoraling	toniservation easements during the year
7	Amount of expenses incurred in monitoring, inspe	cting handling of violations, and enforcing con	servation easements during the year
•	> \$	oung, handling or violations, and officially som	sorvation substitution suring the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization re	ports conservation easements in its revenu	e and expense statement, and
	balance sheet, and include, if applicable, the		
	the organization's accounting for conservatio	n easements	
Par	Organizations Maintaining Colle	ections of Art, Historical Treasures,	or Other Similar Assets.
		rered "Yes" on Form 990, Part IV, line	
1a	If the organization elected, as permitted under	or SEAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
·u	works of art, historical treasures, or other sim		
	of public service, provide, in Part XIII, the tex		
b	If the organization elected, as permitted under		
~	works of art, historical treasures, or other sim		
	of public service, provide the following amount		and the second of the factor and the second of the second
	(i) Revenue included on Form 990, Part VIII,		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of	art historical treasures, or other similar ass	`
-	following amounts required to be reported un		- ·
а	Revenue included on Form 990, Part VIII, lin	· · · · · · · · · · · · · · · · · · ·	▶ \$
b	Assets included in Form 990. Part X	· ·	► \$

r									
	ule D (Form 990) 2015 California Foundation for						94-283		Page 2
Part									
3	Using the organization's acquisition, accession collection items (check all that apply)	on, and other	records, c	meck any	of the following	ng mai	are a significant	use of its	•
а	Public exhibition		d \square	Loan	or exchange p	orogran	ns		
b	Scholarly research		e 🗂	Other		_			
c	Preservation for future generations		- —						
4	Provide a description of the organization's co	llections and	explain hi	ow they fu	rther the orga	anızatıc	on's exempt purp	ose in Pa	rt
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							☐ Ye	s No
Part	Escrow and Custodial Arranger Complete if the organization answ 990, Part X, line 21		on Form	990, Pai	rt IV, line 9,	or rep	orted an amou	unt on Fo	orm
1a	Is the organization an agent, trustee, custodic included on Form 990, Part X?				ibutions or ot	her ass	sets not	Ye	s No
b	If "Yes," explain the arrangement in Part XIII	and complete	tne follov	ving table				Amount	
С	Beginning balance					10		711100111	0
d	Additions during the year					10	3		
е	Distributions during the year					16	9		
f	Ending balance					11	f L		
2a	Did the organization include an amount on Fe	orm 990, Part	X, line 2	1, for escre	ow or custodia	al acco	ount liability?	Ye	s 🔀 No
b	If "Yes," explain the arrangement in Part XIII	Check here i	f the expl	anation ha	is been provid	ded on	Part XIII		
Part									
	Complete if the organization answ			·		T			
4-	h	Current year	(b) Pro		(c) Two years	back O	(d) Three years bac	0 (e) For	ur years back
1a	Beginning of year balance Contributions	0	-	0				4	
b c	Net investment earnings, gains,							-	
Ū	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	0		0	· • • • • • • • • • • • • • • • • • • •	0		0	0
2	Provide the estimated percentage of the curr	ent year end	<u>.</u> .	line 1g, co	olumn (a)) hel	d as			
a	Board designated or quasi-endowment	0/	<u>%</u> -						
b C	Permanent endowment Temporarily restricted endowment	<u>%</u> %							
·	The percentages on lines 2a, 2b, and 2c sho		1%						
3a	Are there endowment funds not in the posse			n that are	held and adr	nınıste	red for the		
	organization by								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the		s endowr	nent funds	5	-			
Part	VI Land, Buildings, and Equipmer Complete if the organization answ		on Form	990 Pa	rt IV line 11	a Se	e Form 990 P	art X line	e 10
	Description of property	(a) Cost or ot	her basis	(b) Co	est or other s (other)	(с	Accumulated depreciation		ook value
1a	Land	(1114031111	0		0	-			
b	Buildings		0		0		0		0

Leasehold improvements 0 67,997 0 119,386 119,386 Equipment 0 0 Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part VII	Investments—Other Securities Complete if the organization ans		, Part IV, line 11b See Form 990	Part X line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
(1) Financial	derivatives	0		
(2) Closely-h	eld equity interests	0		
(3) Other				
(B)				<u> </u>
				
(F)				
(G)				
(H)	must equal Form 990, Part X, col (B) line 12)			·
Part VIII		0		<u> </u>
rait VIII	Investments—Program Relate		, Part IV, line 11c See Form 990	Part Y line 13
			(c) Method of valuation	, Fait A, line 15
	(a) Description of investment	(b) Book value	Cost or end-of-year market va	alue
(1)				· · · · · · · · · · · · · · · · · · ·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				·
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)	0		··-··
Part IX	Other Assets.			
			, Part IV, line 11d See Form 990	
		Description		(b) Book value
(1) Deposit				14,843
	uarantee Cash			875,587
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)		·		
(9)	- · · · · · · · · · · · · · · · · · · ·			
	nn (b) must equal Form 990, Part X, col	(B) line 15)	>	890,430
Part X	Other Liabilities.	1-7		
		swered "Yes" on Form 990), Part IV, line 11e or 11f See For	m 990, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes	0		
(2) Line of	Credit			
(3) Capital	Lease			
(4) Loan G	uarantee Fund	865,000		
(5)				
_(6)				
_(7)				
(8)				
(9)				
Total (Column (b)	must equal Form 990, Part X, col (B) line 25)	865,000		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

1 2 a	Complete if the organization answered "Yes" on For	III 330, Fail IV, IIIIE 12a		
2	Total revenue, gains, and other support per audited financial stateme		1	1,872,743
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1113	'-	1,072,740
	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,872,743
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b	<u> </u>	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I	. line 12)	5	1,872,743
	t XII Reconciliation of Expenses per Audited Financia		enses per Returr	
	Complete if the organization answered "Yes" on For		F	
1	Total expenses and losses per audited financial statements		1	1,868,496
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
– a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,868,496
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part	t I. line 18)	5	1,868,496
	t XIII Supplemental Information.			
Prov	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b ar	nd 2b, Part V, line 4,	Part X, line
Prov		1a and 4, Part IV, lines 1b ar	nd 2b, Part V, line 4,	Part X, line
Prov 2, Pa	orde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this	1a and 4, Part IV, lines 1b ar s part to provide any addition	nd 2b, Part V, line 4,	Part X, line
Prov 2, Pa	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b ar s part to provide any addition	nd 2b, Part V, line 4,	Part X, line
Prov 2, Pa Part	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this X Line 2. The Foundation is an exempt organization under Internal Rev	1a and 4, Part IV, lines 1b ar s part to provide any addition venue Service Code	nd 2b, Part V, line 4,	Part X, line
Prov 2, Pa Part	orde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this	1a and 4, Part IV, lines 1b ar s part to provide any addition venue Service Code	nd 2b, Part V, line 4,	Part X, line
Prov 2, Pa Part 501(ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this X Line 2. The Foundation is an exempt organization under Internal Revice) and California Franchise Tax Board Code Section 23701(d). No page 2.	1a and 4, Part IV, lines 1b ar s part to provide any addition renue Service Code provision for	nd 2b, Part V, line 4,	Part X, line
Prov 2, Pa Part 501(ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this X Line 2. The Foundation is an exempt organization under Internal Rev	1a and 4, Part IV, lines 1b ar s part to provide any addition renue Service Code provision for	nd 2b, Part V, line 4,	Part X, line
Prov 2, Pa Part 501(ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this X Line 2. The Foundation is an exempt organization under Internal Revice) and California Franchise Tax Board Code Section 23701(d). No page 2.	1a and 4, Part IV, lines 1b ar s part to provide any addition renue Service Code provision for	nd 2b, Part V, line 4,	Part X, line
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Prov 2, Pa Part 501(ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this X. Line 2. The Foundation is an exempt organization under Internal Rev. (c)(3) and California Franchise Tax Board Code Section 23701(d). No pare taxes has been made. Management believes the Foundation has no	1a and 4, Part IV, lines 1b ar s part to provide any addition renue Service Code provision for	nd 2b, Part V, line 4,	Part X, line
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Prov 2, Pa Part 501(ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this X. Line 2. The Foundation is an exempt organization under Internal Rev. (c)(3) and California Franchise Tax Board Code Section 23701(d). No pare taxes has been made. Management believes the Foundation has no	1a and 4, Part IV, lines 1b ar s part to provide any addition renue Service Code provision for	nd 2b, Part V, line 4,	Part X, line
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Prov 2, Pa Part 501(ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this X. Line 2. The Foundation is an exempt organization under Internal Rev. (c)(3) and California Franchise Tax Board Code Section 23701(d). No pare taxes has been made. Management believes the Foundation has no	1a and 4, Part IV, lines 1b ar s part to provide any addition renue Service Code provision for	nd 2b, Part V, line 4,	Part X, line
Prov 2, Pa Part 501(ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this X. Line 2. The Foundation is an exempt organization under Internal Rev. (c)(3) and California Franchise Tax Board Code Section 23701(d). No pare taxes has been made. Management believes the Foundation has no	1a and 4, Part IV, lines 1b ar s part to provide any addition renue Service Code provision for	nd 2b, Part V, line 4,	Part X, line
Prov 2, Pa Part 501(ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this X. Line 2. The Foundation is an exempt organization under Internal Rev. (c)(3) and California Franchise Tax Board Code Section 23701(d). No pare taxes has been made. Management believes the Foundation has no	1a and 4, Part IV, lines 1b ar s part to provide any addition renue Service Code provision for	nd 2b, Part V, line 4,	Part X, line
Prov 2, Pa Part 501(ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this X. Line 2. The Foundation is an exempt organization under Internal Rev. (c)(3) and California Franchise Tax Board Code Section 23701(d). No pare taxes has been made. Management believes the Foundation has no	1a and 4, Part IV, lines 1b ar s part to provide any addition renue Service Code provision for	nd 2b, Part V, line 4,	Part X, line
Prov 2, Pa Part 501(ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this X. Line 2. The Foundation is an exempt organization under Internal Rev. (c)(3) and California Franchise Tax Board Code Section 23701(d). No pare taxes has been made. Management believes the Foundation has no	1a and 4, Part IV, lines 1b ar s part to provide any addition renue Service Code provision for	nd 2b, Part V, line 4,	Part X, line
Prov 2, Pa Part 501(ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this X. Line 2. The Foundation is an exempt organization under Internal Rev. (c)(3) and California Franchise Tax Board Code Section 23701(d). No pare taxes has been made. Management believes the Foundation has no	1a and 4, Part IV, lines 1b ar s part to provide any addition renue Service Code provision for	nd 2b, Part V, line 4,	Part X, line
Prov 2, Pa Part 501(ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this X. Line 2. The Foundation is an exempt organization under Internal Rev. (c)(3) and California Franchise Tax Board Code Section 23701(d). No pare taxes has been made. Management believes the Foundation has no	1a and 4, Part IV, lines 1b ar s part to provide any addition renue Service Code provision for	nd 2b, Part V, line 4,	Part X, line

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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

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

▶ Attach to Form 990.

OMB No 1545-0047	2015	
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Open to Public Employer identification number

94-2838242

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

California Foundation for Independent Living Centers

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

å

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Part II

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

330, FALLY, IIIG 2 1,	, lot ally leading	בונו נוומו ובתכוגבת		and an analysis	330, Fally, IIIE 2 1, 101 any recipient that received more than \$0,000 1 are in can be adprected in additional space is necessary	oc io liceaca	
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, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ILPA 6235 Rivergrest Dr Riverside, CA 9250	33-0464739	501(c)(3)	118,028				DLL & Administration
(2)	l						
(3)							
(4)							
(5)							
(9)							
(ع)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 Enter total number of other organizations listed in the line 1 table	501(c)(3) and g	overnment organization	tions listed in the line 1	table		A A	1
١	Source Constitution in the						

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

Schedule I (Form 990) (2015)

Page 2

Schedule I (Form 990) (2015)

art III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	omestic Individua I space is needed	Is. Complete if the	organization answe	ered "Yes" on Form 990,	Part IV, line 22	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	the information re	quired in Part I, line	e 2, Part III, column	(b), and any other addit	lional information	
art I Lin	art I Line 2 Reviewed and monitored by committee						
							_
•							
1		, , , , , , , , , , , , , , , , , , ,					
		, , , , , , , , , , , , , , , , , , ,					
1							-
						Schedule I (Form 990) (2015)	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

California Foundation for Independent Living Centers	94-2838242
Form 990, Part III, Line 4d Program Service Expenses 171,248, Grants and allocations 0,	
Revenue 55,441 Youth Organizing! Disabled & Proud connects, educates and organizes youth	
with disabilities in California. We have 3 overarching goals, building pathways to career,	
college, employment and independence for youth with disabilities through volunteerism,	
creating youth driven, you led social change that impacts youth with disabilities, and	
building the capacity of Independent Living Centers to serve youth with disabilities YO	
offers year long and summer volunteer opportunities within Independent Living Centers for	
youth with disabilities Our YO! Corps Volunteers have been successful working on campaigns to	
End Bullying and to promote the Teaching of Disability History in schools	
Form 990, Part XI, Line 9 Depreciation of fixed assets purchased with grant funds	
Form 990, Part I, Line 1 The Foundation based in Sacramento, CA is a statewide nonprofit	
organization made up of Independent Living Centers CFLIC's mission is to increase access and	
equal opportunity for people with disabilities by building the capacity of Independent Living	
Centers	
Form 990, Part VI, Section A, Line 2 The Deputy Director CFILC, has a family relationship	
with the Executive Director of MCIL whic is a member organization of CFILC	
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	
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	

Name of the organization	Employer identification number
California Foundation for Independent Living Centers	94-2838242
Form 990, Part VI, Section C, Line 19 The governing documents, conflict of i	nterest policy
and financial statements are available upon request	