## **Return of Organization Exempt From Income Tax**

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

Open to Public

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

Department of it ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning and ending D Employer identification number Check if applicable Name of organization California Foundation for Independent Living Centers Doing business as Address change Room/suite Number and street (or PO box if mail is not delivered to street address) 94-2838242 Name change 100 Telephone number 1000 G Street ZIP code State Initial return City or town (916) 325-1690 CA 95814 Sacramento Final return/terminated Foreign country name Foreign province/state/county Foreign postal code 2,403,580 Amended return G Gross receipts \$ F Name and address of principal officer Yes X No Application pending H(a) Is this a group return for subordinates? Christina Mills 1000 G Street, Suite 100, Sacramento, CA 95844 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) 501(c) ( ) **(**insert no ) 4947(a)(1) o Tax-exempt status Website: ► www.cfilc.org H(c) Group exemption number Х Corporation Other > K Form of organization Trust Association L Year of formation M State of legal domicile 1982 CA Part I Summary Briefly describe the organization's mission or most significant activities California Foundation for Independent Activities & Governance Living Centers mission is to increase access and equal opportunities for people with disabilities by building the capacity of Independent Living Centers Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 21 5 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 17 6 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Prior Year 2,310,127 2,356,546 Contributions and grants (Part VIII, line 1h) 78,269 47,034 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,388,396 2,403,580 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 354.326 366,982 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1.041.260 1,035,733 16a Professional fundraising fees (Part IX, column (A), line 11e) 16,860 Total fundraising expenses (Part IX, golumn\_(D)\_hge Other expenses (Part IX, column (A), lines ReEGEINEE 987,179 952,304 17 2,382,765 2,355,019 25) Total expenses Add lines 13-17 (must equal Part IX, column (A), 18 Revenue less expenses Subtract line 5.631 48,561 19 Assets or Balances RS-End of Year Beginning of Current Year 1,756,575 1,692,104 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 1,361,187 1,262,938 395.388 429,166 22 Net assets or fund balances Subtract Signature Block Under penalties of penury, 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 pregarer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here N. Muls Executive Director hristina Type or print name and title PTIN Preparer's signature Date Print/Type preparer's name Check Paid aPA 11/10/2018 self-employed P01009486 Robert Izabal Preparer Firm's EIN ► 77-0016122 ► Izabal, Bernaciak & Company Firm's name

(415) 896-5551

Χ

Yes

Form **990** 

No

Phone no

Firm's address > 388 Market Street, San Francisco,

May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

	-	***	

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
_	Briefly describe the organization's mission	ي <u>ت</u>
1	Out from Foundation for Indianand at Living Contagn program in the program and	
	and an advantage for a selection to the description by building the appearance of Indonesia and	
	Living Centers	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O	•
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? Yes X	No
	If "Yes," describe these changes on Schedule O	_
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 1,007,317 including grants of \$ ) (Revenue \$	)
	Abilty Tools - is dedicated to expanding the availability of tools, resources and technology that	
	increases independence, improves personal productivity and enhances the quality of life of	
	Californians with disabilities. We support. Device Lending Libraries, Reuse Centers and	
	Independent Living Centers throughout the state. We provide funding, training, and technical	
	assistance to a network of over 1600 organizations and individuals. We developed the Freedom Tech	
	Alternative Finance Program to provide low interest loans to people with disabilities and their	
	families who are seeking loans for Assitive Technologies home or vehicle modifications. CFILC also	
	launched a pilot project, Voice Options, to assist individuals who need support in communicating	
	through alternative options	
4b	(Code ) (Expenses \$ 381,782 including grants of \$ ) (Revenue \$	
	Disability Organizing Network is a focused on organizing for accessible communities. We support	
	statewide and regional organizing campaigns that are driven by local communities. In 2017 we	
	provided educational opportunities on statewide and national health care changes that could impact	
	people with disabilities	
	•	
	•	
	(Code ) (Expenses \$ 747,013 including grants of \$ ) (Revenue \$	1
4c	Voice Options is a pilot program that assists Californians with speech and language disabilities	. /
	This program focuses on using an iPad with five speech applications to help give participants	
	access to a communication device Voice Options also offers basic training on iPad accessibility	
	features and five speech applications. The Voice Options process starts with a device	
	demonstration, followed by a short-term loan of 14 to 30 days. Then, after successfully completing	
	these steps, the consumer can apply to receive a long-term loan of an iPad with their favorite	
	speech application	
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ 129,955 including grants of \$ 0 ) (Revenue \$ 47,034 )	
4e	Total program service expenses ► 2,266,067	

Part IV	Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		\ \	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		^	
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_ ا		V
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		_X_
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		_X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<del>ٽ</del>		
	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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			,,
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Х
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Χ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	120		
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	Х	
~	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		Х
	The state of the s	. •		<del>`</del> -

### Form 990 (2017) California Foundation for Independent Living Centers 94-2838242 Page 4 Checklist of Required Schedules (continued) Part IV Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Х 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 Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Х entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х Schedule L, Part IV c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 If "Yes," complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 34 Х III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Х b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled 35b entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 Χ 37

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

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		30242	۲-	age :
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
		·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b			=	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	1.		
h	account)?  If "Yes," enter the name of the foreign country	4a		X
b	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	ļ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>  199</b>		_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del>  ^</del>
g 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			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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		
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	- 6		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders  11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )  2. Section 4047(AVA) non-exercise heritable trusted to the exercise ten filing Form 200 in liquid Form 10412	12a		
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	124		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	Х
b	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b	]	1

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Form 990 (2017)

Part	VI
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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

ect	ion A. Governing Body and Management										
_		l .	آ		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		į.								
	committee, explain in Schedule O										
ь											
2											
_	any other officer, director, trustee, or key employee?										
3	,, ,										
	supervision of officers, directors, or trustees, or key employees to a management company or other person?										
4											
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	-	5	X	Х					
6	· · · · · · · · · · · · · · · · · · ·										
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?		L	7a	<u> </u>						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	<b>5</b> ,									
	stockholders, or persons other than the governing body?			7b	<u> </u>						
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	il								
	the year by the following		ļj								
а	The governing body?		L	8a	Х						
b	Each committee with authority to act on behalf of the governing body?		L	8b	Χ						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached									
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	· · · · · · · · · · · · · · · · · · ·		9		Χ					
ect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenu</u>	e Co	ode ,							
			г		Yes	No					
I0a	Did the organization have local chapters, branches, or affiliates?	ata a sa	┝	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such			10b							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore liling the form?		11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			10-		<u> </u>					
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	auto mao to conflicto	-	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	-	´  -	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	res,		420		V					
	describe in Schedule O how this was done		⊦	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?	and has		14		X					
15	Did the process for determining compensation of the following persons include a review and appro- independent persons, comparability data, and contemporaneous substantiation of the deliberation	-									
		and decision?	1	150	~						
a	The organization's CEO, Executive Director, or top management official		-	15a	_X	-					
b	Other officers or key employees of the organization		-	15b		Х					
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	romont									
16a		gement	1	16a		_					
	with a taxable entity during the year?		 	Ioa		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe the organization's exempt status with respect to such arrangements?	guaru	1	16b							
	ion C. Disclosure	<del></del>		1001		1					
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	0-T (Section 501/c	)(3)9	only	)						
	available for public inspection. Indicate how you made these available. Check all that apply	. (CCC	,,,,,,	. Orny	,						
		plain in Schedule	O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	•	-	v an	ď						
13	financial statements available to the public during the tax year	Commot of interest		, an	~						
20 State the name, address, and telephone number of the person who possesses the organization's books and records											
	Dh. H. Thomason	(916) 325-16	90	-							
	1000 G Street Suite 100, Sacramento, CA 95814										

California Fo	oundation f	for I	Indep	pendent	Living	Centers
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Form 990 (2017)

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. C	Officers, Directors,	Trustees, Key Employees	s, and Highest Compensated Employees
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- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

<u> </u>				•			•	·	<u> </u>	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle er an	Pos heck ss pe	rson	n oth street sorthern sated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		"	8			ated				
(1) Jimmie Soto	1 00							-		
Director	0 00	_						0	0	. 0
(2) Sheri Burns	1 00									
Director	0 00	X	ļ	<u> </u>	<u> </u>			0	0	0
(3) Elsa Quezada	1 00	1								
Director	0 00						<u> </u>	0	0	0
(4) Donna Reed	1 00		1							
Director	0 00			<u> </u>				0	0	0
(5) Ron Halog	1 00	1								
Director	0 00			_				0	0	0
(6) Evan LeVang	1 00	•								
Director	0 00		<u> </u>	ļ				0	0	0
(7) Jessie Lorenz	1 00									
Director	0 00		ļ					0	0	0
(8) Dolores Nason	1 00	1					Ì			
Director	0 00	+						0	0	0
(9) Adam Brown	1 00	I .			ŀ		}			
Director	0 00	_		<u> </u>				0	0	0
(10) Susan Rotchy		1	Ì							
Director	0 00	-	ļ	<u> </u>				0	0	0
(11) Eli Gelardin	1 00	I .								
Director	0 00		ļ	ļ				0	0	0
(12) Tink Miller	1 00									
Director	0 00			igspace		L		0	0	. 0
(13) Robert Hand	1 00									
Interim Director	0 00	+	_		$ldsymbol{ld}}}}}}$	L		0	0	0
(14) Doug Vincent	1 00									
Interim Director	0 00	X		<u> </u>	<u> </u>	<u> </u>	L.,_	0	0	0
										Form 990 (2017)

2

	(A) Name and title	(B) Average hours per	box,	unles er and	Pos neck ss pe	rson	than is both	n an tee)	(D) Reportable compensation	(E) Reportable compensation		(F) stimate mount d	
		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)	f org an	other opensation of the ganization of relate anization	e on ed
	Donalyn Sjostrand	1 00											
Direc	Appetage Degraphing	0 00	X	ļ		_	-	$\vdash$	0	0	<del>                                     </del>		
Direc	Anastasia Bacigalupo	0 00	x		ŀ				o	0			,
	Dani Anderson	3 00	<del>  ^-</del>	<del> </del>			<del> </del>	├─	<u> </u>	U	<b></b> -		
Treas		0 00	x		х				ا ا	О			,
	Davile Merceces	3 00	<del>  ^</del>	$\vdash$		_		$\vdash$	<u> </u>	0	<del>-</del>		
Secre		0 00	×		х				l ol	О			(
	Larry Grable	3 00		<del>                                     </del>	<u> </u>			$\vdash$					
	Chairperson	0 00	x		х				l ol	0			(
	Ana Acton	3 00						<u> </u>					
	person	0 00	Х		Х				0	0			(
(21)	Paul Van Doren	1 00											
Direc	tor	0 00	X					L	0	0			(
(22)	Teresa Favuzzı	40 00											
	utive Director	0 00	ļ	<u> </u>	Х			_	68,077	0	<u> </u>	10	),780
	Phil Thompson	40 00						İ					
CFO		0 00		<u> </u>	Х	ļ		<u> </u>	65,598	0		13	3,105
	Christina N Mills	40 00			١					_		_	
	m Executive Director	0 00		-	Х	-		$\vdash$	74,914	0	<del> </del>	7	,337
(25)													
1b	Sub-total	I	l	L	<u> </u>	l	<u> </u>	┢	208,589	0	<del>                                     </del>	31	,222
C	Total from continuation sheets to Part VII, S	ection A							200,509		0		,224
d	Total (add lines 1b and 1c)	ection A						•	208,589	0	· · · · · ·	31	,222
2	Total number of individuals (including but not lii	mited to those lis	ted a	bov	e) v	vho	recei	ved					,221
_	reportable compensation from the organization				0					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
												Yes	No
3	Did the organization list any former officer, dire	ector, or trustee,	key e	mpl	oye	e, c	r higi	hest	compensated				
	employee on line 1a? If "Yes," complete Sched	lule J for such inc	dıvidu	ıal							3		Χ
4	For any individual listed on line 1a, is the sum of	of reportable con	npens	satio	on a	nd (	other	con	npensation from		j		
	the organization and related organizations great									ר			
	ındıvıdual										4		X
5	Did any person listed on line 1a receive or acci	rue compensatio	n fror	n ar	ny u	nre	lated	org	anization or indiv	ridual	 	]	
	for services rendered to the organization? If "Y							-			5		X
Sect	ion B. Independent Contractors												
1	Complete this table for your five highest compecompensation from the organization. Report co										iax		
	year (A)							Π	(B)		(C	١	
	Name and business add	ress							Description of sen	vices (	Comper		
								$\vdash$					(
													(
													(
													(
													(

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

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

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

Pan	VIII	Statement of Revenue Check if Schedule O contains	s a resnonse o	or n	nte 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
S S	1a	Federated campaigns	<u> </u>	1a	0				
ant and	b	Membership dues	_1	1b	99,303				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	<u> </u>	1c	0				
Sifts lar /	d	Related organizations	<u> </u>	1d	0	1			
ns, (	е	Government grants (contribution	· —	1e	2,173,700				
utio	f	All other contributions, gifts, grain							
를 들		similar amounts not included abo	_	1f	83,543				
and G	g	Noncash contributions included in	lines 1a-1f	\$	<u>.</u> 0  <u>-</u>				
	h	Total. Add lines 1a-1f			<b>D</b>	2,356,546	·		
97	_				Business Code			<del></del>	
Program Service Revenue	2a	Conference Fees			900099	39,004	39,004		
ož e	b	Fees for Service			900099	8,030	8,030		
Ž	C					0			
S	d					0			
gran	e	All other program service revenu				0			
Ď.	,	Total. Add lines 2a–2f	10	ı	<b>•</b>	47,034			
	3	Investment income (including div	vidends intere	st.		17,001			
		other similar amounts)	o						
	4	Income from investment of tax-e	exempt bond p	roc	eeds 🕨	0			
	5	Royalties			▶ [	0			
		·	(ı) Real		(II) Personal				
	6a	Gross rents							
	b	Less rental expenses					i		
	C	Rental income or (loss)		0	0				
	d	Net rental income or (loss)			<b>•</b>	0			
	7a	Gross amount from sales of	(i) Securities		(II) Other				
		assets other than inventory		0	0				
	b	Less cost or other basis		_	_	ļ			
		and sales expenses		0	0				
	C	Gain or (loss)	L	0	0				· · · · · · · · · · · · · · · · · · ·
	d	Net gain or (loss)		ı		0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line	•						
Je.		See Part IV, line 18		a b	0	İ	İ		
2		Less direct expenses  Net income or (loss) from fundra			i				
		Gross income from gaming activ		1					
	Ja	See Part IV, line 19		а	o				
	b	Less direct expenses		ь					
		Net income or (loss) from gamin		- 1	▶	0			
		Gross sales of inventory, less	9	- [					
		returns and allowances		а	ol		,		
	b	Less cost of goods sold		ь	0				
		Net income or (loss) from sales	of inventory		<b>&gt;</b>	Ō			
		Miscellaneous Revenue	·		Business Code			-	
	11a					0			
	b					0			
	С					0			
	d	All other revenue				.`0			
	е	Total. Add lines 11a-11d			<b>&gt;</b>	0		·	
	12	Total revenue. See instructions			▶ [	2 403 580	47 034	0	l n

### 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 (A) (C) (D) Do not include amounts reported on lines 6b. 7b. Fundraising Total expenses Program service Management and 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 366,982 domestic governments See Part IV, line 21 366,982 2 Grants and other assistance to domestic individuals See Part IV, line 22 0 3 Grants and other assistance to foreign 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 242,290 237,444 2,423 2,423 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 592,995 7 586.698 540 5.757 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 131,362 129,526 9 Other employee benefits 818 1,018 10 Payroll taxes 69,086 67,054 722 1,310 Fees for services (non-employees) 11 Management 0 а 0 Legal Accounting 0 Lobbying 0 Ŧ '. Professional fundraising services See Part IV, line 17 0 0 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 43,206 (A) amount, list line 11g expenses on Schedule O) 37,683 5,226 297 339 Advertising and promotion 339 12 29,763 24.208 3 527 13 Office expenses 2.028 59,715 59,183 532 14 Information technology 15 Rovalties 0 144,335 13,460 16 Occupancy 157.795 44,896 44,252 644 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 38,750 38,750 19 Conferences, conventions, and meetings 24,053 23,468 585 20 Interest 21 0 Payments to affiliates 13.589 4,303 9,286 0 22 Depreciation, depletion, and amortization 23 11.321 13.068 -1.747Insurance 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) 16,777 16,777 Staff Development 20,428 Consultants/Outsife Services 119,013 98,585 262 321,417 Program Funding 329,537 7,858 Repairs/Maintenance 25,872 25,529 343 26,466 37,678 7,447 3.765 e All other expenses 16,860 Total functional expenses. Add lines 1 through 24e 2,355,019 2,266,067 72,092 25 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)

Balance Sheet

		Check if Schedule O contains a response or	note to	any line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			0	1	
	2	Savings and temporary cash investments	129,429	2	186,270		
	3	Pledges and grants receivable, net			635,711	3	610,059
	4	Accounts receivable, net			5,250	4	590
	5	Loans and other receivables from current and fe	ormer d	officers, directors,	, , ,	* *	
		trustees, key employees, and highest compens	ated er	nployees			
		Complete Part II of Schedule L	0	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	and cont	ributing employers and			, <del></del>
		sponsoring organizations of section 501(c)(9) voluntary e	mployee	es' beneficiary			
Assets	i	organizations (see instructions) Complete Part II of Sche	edule L		0	6	
<b>SS</b> (	7	Notes and loans receivable, net			0	7	0
⋖	8	Inventories for sale or use			0	8	
	9	Prepaid expenses and deferred charges			10,844	9	9,330
	10a	Land, buildings, and equipment cost or			,		
		other basis Complete Part VI of Schedule D	10a	141,859			
	b	Less accumulated depreciation	113,487	10c	85,115		
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line	0	12	0		
	13	Investments—program-related See Part IV, line	0	13	0		
	14	Intangible assets	0	14	0		
	15	Other assets See Part IV, line 11			861,854	15	800,740
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	1,756,575	16	1,692,104
	17	Accounts payable and accrued expenses	300,441	17	218,902		
	18	Grants payable	0	18	<u> </u>		
	19	Deferred revenue	70,746	19	179,036		
	20	Tax-exempt bond liabilities		0	20		
	21	Escrow or custodial account liability Complete	0	21			
ies	22	Loans and other payables to current and forme				*3	
Liabilities		trustees, key employees, highest compensated	yees, and				
jab		disqualified persons Complete Part II of Sched	0	22			
_	23	Secured mortgages and notes payable to unrel	0	23	0		
	24	Unsecured notes and loans payable to unrelate	0	24	0		
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on line: Part X of Schedule D	\$ 17-24	s) Complete	990,000	25	865,000
	26	Total liabilities. Add lines 17 through 25		1,361,187		1,262,938	
	20				1,001,107	:	
s		Organizations that follow SFAS 117 (ASC 95		ck here ► X and	l		].
<u> </u>		complete lines 27 through 29, and lines 33 a	na 34.				
<u>a</u>	27	Unrestricted net assets	374,678	27	408,456		
Ba	28	Temporarily restricted net assets	20,710		20,710		
Pu	29	Permanently restricted net assets		F=-	0	29	
교		Organizations that do not follow SFAS 117 (ASC958),	check	here 🕨 🔛 and	· · · · · · · · · · · · · · · · · · ·		
ŏ		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			0	30	
SS	31	Paid-in or capital surplus, or land, building, or e	quipme	ent fund	0	31	
¥.	32	Retained earnings, endowment, accumulated in	ncome,	or other funds	0		
Ž	33	Total net assets or fund balances			395,388		429,166
	34	Total liabilities and net assets/fund balances			1,756,575	34	1,692,104

orm 8	990 (2017) California Foundation for Independent Living Centers	94-	2838242	Pag	je 12
Part	XI 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		2,403	3,580
2	Total expenses (must equal Part IX, column (A), line 25)	2		2 <u>,3</u> 55	5,019
3	Revenue less expenses Subtract line 2 from line 1	3		48	3,561
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		395	5,388
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		-14	1,783
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		429	9 <u>,166</u>
Part				1	
	Check if Schedule O contains a response or note to any line in this Part XII		-		<u> </u>
				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				1 1
_	Schedule O			·	الــــا
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				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
	separate basis, consolidated basis, or both		1		
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			i	
	the Single Audit Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990 (	(2017)

### 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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.ns.gov/r ormsso for instructions and the faces

Employer identification number

Calıf	ornia	a Foundation for Independent Li	ving Centers				94-28	38242
Par		Reason for Public Char						
The	orga	nization is not a private foundat	•	•	•		•	a -7
1	Ш	A church, convention of church	es, or association of	f churches described in	section	170(b)(1)(	A)(i).	
2		A school described in <b>section</b> 1	1 <b>70(b)(1)(A)(ii)</b> . (Atta	ach Schedule E (Form	990 or 99	0-EZ))		
3		A hospital or a cooperative hospital	pital service organiz	ation described in sec	tion 170(I	o)(1)(A)(iii	).	
4		A medical research organization hospital's name, city, and state	n operated in conjur	nction with a hospital d	escribed i	n <b>section</b>	170(b)(1)(A)(iii). En	ter the
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	d by a go	vernmental unit desc	cribed in
6		A federal, state, or local govern	ment or governmen	tal unit described in se	ction 170	(b)(1)(A)(	v).	
7	X	An organization that normally redescribed in section 170(b)(1)(			m a gover	nmental u	ınıt or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II)			
9		An agricultural research organizor university or a non-land-granuniversity						
10		An organization that normally receipts from activities related t support from gross investment acquired by the organization af	o its exempt function	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (	no more than 33 1/3 511 tax) from busine	3% of its
11		An organization organized and	operated exclusivel	y to test for public safe	ty See se	ection 509	)(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	9(a)(2). See section	n 509(a)(3).
a b	- -	Type I. A supporting organization (sorganization) Type II. A supporting organization	s) the power to regunplete Part IV, Sect	larly appoint or elect a ions A and B.	majority	of the direc	ctors or trustees of the	ne supporting
~	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.							
С	[	Type III functionally integra						rated with,
d	٢	its supported organization(s)  Type III non-functionally in						anization(s)
u	L	that is not functionally integr requirement (see instruction	ated The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att	
е	ſ	Check this box if the organiz	ation received a wr	itten determination fror	n the IRS	that it is a		e III
	•	functionally integrated, or Ty		lly integrated supporting	ng organiz	ation		
f		Enter the number of supported	~					
9		Provide the following information  Name of supported organization	n about the support	ed organization(s) (iii) Type of organization	(IV) Is the c	rganization	(v) Amount of monetary	(vi) Amount of
	1.7	Name of Supported Significants.	(ii) = iii	(described on lines 1–10 above (see instructions))	listed in you	r governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	1						0	(

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 I f the organization fails to qualify under the tests listed below, please complete Part III)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage	904,132 0 904,132							
membership fees received. (Do not include any "unusual grants")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtractine 5 from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income Foo not include gain or loss from the sale of capital assets (Explain in Part VI)  10 Clother income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  12 Gross receipts from related activities, etc (see instructions)  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	0 904,132 904,132							
Include any "unusual grants")  1,613,291  1,806,866  1,817,302  2,310,127  2,356,546  9  1,817,302  2,310,127  2,356,546  9  1,817,302  2,310,127  2,356,546  9  1,817,302  2,310,127  2,356,546  9  1,817,302  2,310,127  2,356,546  9  1,817,302  2,310,127  2,356,546  9  1,817,302  2,310,127  2,356,546  9  1,817,302  2,310,127  2,356,546  9  1,817,302  2,310,127  2,356,546  9  1,817,302  2,310,127  2,356,546  9  1,817,302  2,310,127  2,356,546  9  1,817,302  2,310,127  2,356,546  9  1,817,302  1,806,866  1,817,302  1,806,866  1,817,302  1,806,866  1,817,302  1,806,866  1,817,302  1,806,866  1,817,302  1,806,866  1,817,302  1,806,866  1,817,302  1,806,866  1,817,302  1,806,866  1,817,302  1,806,866  1,817,302  1,806,866  1,817,302  1,806,866  1,817,302  1,806,866  1,817,302  1,806,866  1,817,302  1,806,866  1,817,302  1,806,866  1,807,302  1,806,866	0 904,132 904,132							
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similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))								
9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))								
activities, whether or not the business is regularly carried on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	0							
regularly carried on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))								
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12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	0							
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13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	277,902							
Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))								
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	▶□							
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))								
	100 00%							
TO FUDIC SUPPORT DEICERRAGE HORT ZUTO SCHEQUIE A. FARTH, IIIIE 14	99 99%							
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box								
and stop here. The organization qualifies as a publicly supported organization	► X							
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this								
box and stop here. The organization qualifies as a publicly supported organization	▶ [							
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in								
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
organization	▶							
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line								
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.								
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	_							
supported organization	▶ _							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
instructions								

Pa	rt III Support Schedule for Org.	anizations Des	scribed in Sect	ion 509(a)(2)	<del></del>		
	(Complete only if you check			_		qualify under Pa	art II
_	If the organization fails to qu	ialify under the	tests listed belo	ow, please con	nplete Part II.)		
	ction A. Public Support	1 () 2010	(1) 0014	4 > 0045	1 , , , , , , ,		15.7
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						,
2	Gross receipts from admissions, merchandise					/-/	
	sold or services performed, or facilities						
	furnished in any activity that is related to the						,
•	organization's tax-exempt purpose				<del> </del>		
3	Gross receipts from activities that are not an						(
4	unrelated trade or business under section 513  Tax revenues levied for the organization's				<del>                                     </del>	1	
~	benefit and either paid to or expended on						
	its behalf						(
5	The value of services or facilities				<del>  /</del>		
•	furnished by a governmental unit to the						
	organization without charge						C
6	Total. Add lines 1 through 5	0	0	40	7 0	0	
	Amounts included on lines 1, 2, and 3				<u> </u>	<u> </u>	
, -	received from disqualified persons						(
b	Amounts included on lines 2 and 3				<u> </u>		
_	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					!	C
С	Add lines 7a and 7b	0	Q <sup>i</sup>	Ó	0	0	C
8	Public support (Subtract line 7c from		- /		,	• •	
	line 6 )	• .	/.~		, .	* *	C
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning ın)	(a) 2013	( <b>b</b> )∕∕2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	0	0	0	0	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		/			j	
	royalties, and income from similar sources						(
b	Unrelated business taxable income (less	/					
	section 511 taxes) from businesses						_
	acquired after June 30, 1975		_		<u> </u>		
С	Add lines 10a and 10b		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	0	0	0	<u> </u>	<del> </del>	(
12	Other income Do not include gain or						
	loss from the sale of capital assets	1					(
40	(Explain in Part VI)						
13	'' ' ' <i>'</i>	_	ا	o	ر ار		(
14	and 12) First five years. If the Form 990 is for the c	vrganization's first			•	<del></del>	
14	organization, check this box and stop here	ngamzanon s msi,	secona, mila, ioam	i, or illili tax year	as a section so i(c)	(3)	▶ [
500	ction C. Computation of Fublic Su	nnort Percent	200	<del> </del>	<del></del>		
15	Public support percentage for 2017 (line 8,			n)		15	0 00%
16	Public support percentage from 2016 Sched			'//		16	0 00%
	ction D. Computation of Investmen					1 10 1	0 00 %
17	Investment income percentage for 2017 (lin			olumn (ft)		17	0 00%
18	Investment income percentage for 2017 (infinitely investment income percentage from 2016 S			J. 311111 (1//		18	0 00%
	33 1/3% support tests—2017. If the organ			4, and line 15 is n	nore than 33 1/3%.	<u> </u>	
	not more than 33,1/3%, check this box and					-	▶□
b	33 1/3% support tests—2016. If the organ					33 1/3%, and	_
	line 18 is not more than 33 1/3%, check this						▶ [_
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box	and see instruction	s	▶ [

### Part IV

### **Supporting Organizations**

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

Section A. All Supporting Organizatio	ons
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- 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.
   Did the organization have any supported organization that does not have an IRS determination of status.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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)
- 8 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)
- 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)

	Yes	No
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1	5	
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2	_	
	-	
3a		
		=
3b		
3с		
4a		
4b		
-	-	
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4c		_
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5a		
5b		
5c		
•		
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<u>.</u>		
8		<del></del>
-		
9a		
9b		
90		
9с		
10a		
10b		<u> </u>
990 or 9	990-EZ	1 2017

Part	Supporting Organizations (continued)			
44	Has the arganization appointed a self-or contribution from any of the fallenger appoint.		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		,	•
а	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		├─
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<del> </del>
	on B. Type I Supporting Organizations	1110		L
	·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			- 1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	į į		1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	<u>-</u>		
	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 supported			لتندا
	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	•		1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	•	- · · ·	1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		<u></u>	
	supervised, or controlled the supporting organization	2		L
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		• *	;
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	•		٠ - ا
	or management of the supporting organization was vested in the same persons that controlled or managed		<u> </u>	لت
Sacti	the supported organization(s) on D. All Type III Supporting Organizations	1		<u> </u>
00011	on b. An Type in 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		103	<u> </u>
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	,	_	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			lI
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		*	1
	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			لتسا
	supported organizations played in this regard	3		<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 (see instru	ction	s)	
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 government entity (see	instruc	ctions	;)
2	Activities Test Answer (a) and (b) below.	1	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	, -	163	1
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		14.	•
	those supported organizations and explain how these activities directly furthered their exempt purposes,		. ~	
	how the organization was responsive to those supported organizations, and how the organization determined	'		,,
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		•	· . 1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	٠		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement .	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	7		.
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u>.</u>		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			لنـــا
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1	g trust	on Nov 20, 1970 (explain	in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nization	ns must complete 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)			
a 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)			•
2 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	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount		· · · · ·	Current Year
1 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	lly integ	grated Type III supporting of	organization (see
instructions)			

Part \	Type III Non-Functionally Integrated 509(a)(3	3)	Supporting Organi	zations (continued)	
Section	on D - Distributions				Current Year
11	Amounts paid to supported organizations to accomplish ex	ken	npt purposes		
2	Amounts paid to perform activity that directly furthers exem	npt	purposes of supported		-
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ations			
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	e organization is respor	nsive	
	(provide details in Part VI) See instructions				
9	Distributable amount for 2017 from Section C, line 6				0
10	Line 8 amount divided by line 9 amount				0 000
S	ection E - Distribution Allocations (see instructions)	1	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	$\perp$			0
	Underdistributions, if any, for years prior to 2017				
2	(reasonable cause required—explain in Part VI) See				
	instructions	_		<del></del>	
3	Excess distributions carryover, if any, to 2017	4			1
a		4			
b		0			l l
с		이			
d		<u> </u>	<del> </del>		
<u>е</u>	1102010	악			
f	Total of lines 3a through e	+	0		!
<u>g</u>	Applied to underdistributions of prior years	+		0	
<u>h</u>	Applied to 2017 distributable amount	+			0
<u> </u>	Carryover from 2012 not applied (see instructions)	+			
	Remainder Subtract lines 3g, 3h, and 3i from 3f	╬	0		
4	Distributions for 2017 from	إ	'	** *	ř
<del></del>	•	악		0	
	Applied to underdistributions of prior years	+			0
<u> </u>	Applied to 2017 distributable amount	+	0		U
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	┽			
5	Remaining underdistributions for years prior to 2017, if				
	any Subtract lines 3g and 4a from line 2. For result			0	
	greater than zero, explain in <b>Part VI</b> See instructions  Remaining underdistributions for 2017 Subtract lines 3h	+		0	
6	and 4b from line 1. For result greater than zero, explain in				
	Part VI See instructions				0
		+	· · · · · · · · · · · · · · · · · · ·		0
7	Excess distributions carryover to 2018. Add lines 3j		0		,
	Procedure of line 7	+			
8	Breakdown of line 7  Excess from 2013	d			
<u>a</u> b	2.0000	하			-
	2.00000	히			
	2,0000	하			•
d e	ZXOOO HOLL ZV.	히			

### 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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information

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

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

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

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

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

FIU	xy rax) (see separate mistr	uctions), then						
• S	Section 501(c)(4), (5), or (6) o	organizations Complete Part III						
Nam	e of organization			Employ	er identification number			
Calif	fornia Foundation for Indep	pendent Living Centers			94-2838242			
Pai	rt I-A Complete if t	the organization is exempt und	ler section 501	c) or is a section 527	organization.			
1	Provide a description of t	he organization's direct and indirect p	olitical campaign a	activities in Part IV (see in	structions for			
	definition of "political carr	npaign activities")						
2	Political campaign activity	y expenditures (see instructions)		▶ \$	;			
3	Volunteer hours for politic	cal campaign activities (see instructio	ns)					
Pai	rt I-B Complete if t	the organization is exempt und	ler section 501	c)(3).				
1	Enter the amount of any	excise tax incurred by the organizatio	n under section 49	955 <b>▶</b> \$				
2	Enter the amount of any	excise tax incurred by organization m	anagers under sed	ction 4955 <b>&gt;</b> \$	;			
3	If the organization incurre	ed 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	IV						
		the organization is exempt und	ler section 5016	c), except section 50	1(c)(3).			
1		expended by the filing organization f	-		Na Karamanan and Andrews			
•	activities	oxponded by the iming organization.	0, 000,01, 02, 0,0	•	; 			
2		iling organization's funds contributed	to other organizati					
-	527 exempt function activ		to other organizati					
3								
•	line 17b	serial and a fine of tall at 2 2 months			0			
4		n file Form 1120-POL for this year?			0 Yes No			
5		ses and employer identification numb	er (EIN) of all sect					
•		ents For each organization listed, en						
	the amount of political co	intributions received that were prompt	tly and directly deli	vered to a separate politic	al organization, such			
	as a separate segregated	d fund or a political action committee	(PAC) If additiona	I space is needed, provide	information in Part IV			
	(a) Namo	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
	(a) Name	(b) Address	(6) EIIV	filing organization's	contributions received and			
				funds If none, enter -0-	promptly and directly delivered to a separate			
					political organization If			
					none, enter -0-			
1)								
۵۱								
2)			· · · · · · · · · · · · · · · · · · ·					
3)								
4)								
5)								
	·							
6)								

Grassroots nontaxable amount

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

f Grassroots lobbying expenditures

Sch	edule C (Form 990 or 990-EZ) 2017					Page 2
P	art II-A Complete if the organiza under section 501(h)).	ition is exempt	under section 5	01(c)(3) and filed	l Form 5768 (elec	ction
Α	Check If the filing organization	n belongs to an	affiliated group (a	nd list in Part IV e	each affiliated grou	up member's
	name, address, EIN, e	•	•		•	-p
В	Check ▶ ☐ If the filing organization	•			•	
	Limits on L (The term "expenditures	obbying Expend " means amount			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	public opinion (gr	ass roots lobbying)			0
b	Total lobbying expenditures to influence	•	(direct lobbying)			0
С	Total lobbying expenditures (add lines 1	a and 1b)			0	. 0
d	Other exempt purpose expenditures				2,355,019	0
е	Total exempt purpose expenditures (add	l lines 1c and 1d)			2,355,019	0
f	Lobbying nontaxable amount Enter the columns	amount from the	following table in bot	h	267,751	0
ſ	If the amount on line 1e, column (a) or (b)	is: The lobby	ing nontaxable amou	int is:		1
Ì	Not over \$500,000	<del></del>	amount on line 1e			
Ī	Over \$500,000 but not over \$1,000,000		lus 15% of the excess	over \$500,000	• • •	
[	Over \$1,000,000 but not over \$1,500,000	\$175,000 p	lus 10% of the excess	over \$1,000,000	,	
[	Over \$1,500,000 but not over \$17,000,000	\$225,000 p	lus 5% of the excess of	over \$1,500,000		•
	Over \$17,000,000	\$1,000,000	ı			,
g	Grassroots nontaxable amount (enter 25	5% of line 1f)			66,938	0
h	Subtract line 1g from line 1a If zero or le	ess, enter -0-			0	0
i	Subtract line 1f from line 1c If zero or le	ss, enter -0-			0	0
j	If there is an amount other than zero on section 4911 tax for this year?	either line 1h or li	ne 1ı, did the organız	zation file Form 472	0 reporting [	Yes No
	······································	4-Vear Averagin	g Period Under sec	tion 501(h)		
	(Some organizations that made Sec	a section 501(h)	-	e to complete all c	of the five columns	below.
	Lob	bying Expenditu	res During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount	242,828	3 243,425	269,138	267,751	1,023,142
b	Lobbying ceiling amount (150% of line 2a, column(e))			,		1,534,713
С	Total lobbying expenditures	,		_		•

60,856

67,285

0

60,707

Schedule C (Form 990 or 990-EZ) 2017

255,786

383,679

66,938

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	filed	For	n 576	В	-9-
<i></i>	nooh "Voo " roomana on kana da khararah da halara manada in Dark IV a data la d	(a	1)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed experience of the lobbying activity	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	, · ,			•	,
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			:		
C	Media advertisements?					<del>`</del>
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?	<u> </u>				
j	Total Add lines 1c through 1i	<u>'•• ··</u>				<u> </u>
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				- * */	*. p.
Par	Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5),	ors	ection	,	
	501(c)(6).				r	T
	Maria di disensi di 1900/ eserca di 1900/ eser				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	0		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year.			3	L	
Pan	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."					3, is
1	Dues, assessments and similar amounts from members		1			-
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	İ	,			
	political expenses for which the section 527(f) tax was paid).		<u>-:</u>			
а	Current year		2a			
b	Carryover from last year		2b			
c	Total		2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?	,	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Part	IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	list), P	art II	A, lines	1 and	l
2 (se	e instructions), and Part II-B, line 1. Also, complete this part for any additional information					

### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

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

► Attach to Form 990.

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

2017

Open to Public Inspection

Employer identification number

California Foundation for Independent Living Centers 94-2838242 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a а Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a d 2d historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 \$ \$ Assets included in Form 990, Part X

Sched	ule D (Form 990) 2017 California Foundation fo	r Independent Living C	enters			94-28	38242	Page <b>2</b>
Part	III Organizations Maintaining Colle			asures, or	Other S			
3	Using the organization's acquisition, access collection items (check all that apply)							
а	Public exhibition	d [	Loan	or exchange	program	s		
b	Scholarly research	e [	Other	•				
c	Preservation for future generations	<u> </u>						
_	<del></del>	allookana and avalara	hairishair fi				D	
4	Provide a description of the organization's c	ollections and explain	now they it	urther the org	anizatior	is exempt pur	pose in Pa	ап
5	During the year, did the organization solicit of assets to be sold to raise funds rather than the second second second second second second second second second second second second second second second second second sec						Y	es No
Part	Escrow and Custodial Arrangem Complete if the organization answ 990, Part X, line 21		990, Part	: IV, line 9, c	r report	ed an amou	nt on For	rm
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				ther asse	ets not	Y	es No
þ	If "Yes," explain the arrangement in Part XII	and complete the following	owing table	)		· · · · · ·		
	Para and halance						Amount	
C	Beginning balance				1c	<u> </u>		0
d	Additions during the year Distributions during the year				1d 1e	-		
e f	Ending balance				1f		·	
	•	000 D-+V l	04 (		<del></del>			
2a	Did the organization include an amount on F					•	Y6	es X No
b	If "Yes," explain the arrangement in Part XIII	Check here if the exp	planation h	as been provi	ded on F	Part XIII		
Part								
	Complete if the organization answ						,	
	<del></del>		rior year	(c) Two years		d) Three years ba		our years back
1a	Beginning of year balance	0	0		0		0	0
b	Contributions							
С	Net investment earnings, gains, and losses		1					
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							<del> </del>
f	Administrative expenses						_	
g	End of year balance	0	() 1		0		0]	0
2	Provide the estimated percentage of the cur		(line 1g, co	olumn (a)) ne	o as			
a	Board designated or quasi-endowment  Permanent endowment	<b>&gt;</b>						
b c	Temporarily restricted endowment	<u>%</u> %						
·	The percentages on lines 2a, 2b, and 2c she							
3a	Are there endowment funds not in the posse	•	on that are	held and ad	ministere	d 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 organiz	ations listed as require	ed on Sche	dule R?			3b	
4	Describe in Part XIII the intended uses of th						·	
Part	VI Land, Buildings, and Equipment Complete if the organization answ		990 Part	·IV line 11a	See F	orm 990 Pa	rt X line	10
	Description of property	(a) Cost or other basis (investment)	(b) Co	ost or other	(c) A	ccumulated preciation		ook value
1a	Land	<u> </u>	0	0			<del></del>	0
b	Buildings	<del></del>	0	0		- 0		0
C	Leasehold improvements		0	0		0		0
d	Equipment			141,859		56,744		85,115
٠,	Other		7	, , 555		0,74	-	00,110

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

85,115

Schedule D (Form 990) 2017 California Foundation for Inde	ependent Living Centers		94-2838242	Page 3
Part VII Investments—Other Securities.	<u> </u>			
Complete if the organization answe	red "Yes" on Form 990	). Part IV. line 11b See Form	990, Part X, I	ine 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	luation	
(1) Financial derivatives	0		· · · · ·	
(2) Closely-held equity interests	0			
(3) Other				
(A)				
(B)				
(C)	· · · · · · · · · · · · · · · · · · ·			
(D)	;			
(E)		-		
(F)				······································
(G)				
(H)				
Total. (Culumn (b) must equal Form 990 Part X col. (B) line 12.)	0	m signa mare sapida a mes ina		وريخ عدد
Part VIII Investments—Program Related.		<u> </u>		
Complete if the organization answe	red "Yes" on Form 990	) Part IV line 11c See Form	990 Part X I	ine 13
		(c) Method of va		110 10
(a) Description of investment	(b) Book value	Cost or end-of-year n		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				<del></del>
(7)				
(8)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	0			.,
Part IX Other Assets.				
Complete if the organization answe	rad "Vac" on Form 000	) Part IV line 11d See Form	000 Part Y I	ına 15
	escription	, Fait IV, line ITU See Form	(b) Book va	
	scription		(0) 5000 10	17,400
(1) Deposits (2) Loan Guarantee Cash				783,340
				705,540
(3)	<del></del>			
(4)				
(5)				
(6)			•••	
(7)			<u> </u>	
(8)	4			
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line	0.15\		<del></del>	800,740
	9 13 /			000,740
Part X Other Liabilities. Complete if the organization answe	and "Was" on Form 000	Dort IV line 11e or 11f See	. Form 000 B	art Y
•	ied tes on ronn 990	o, Partiv, line the of the See	; FOITH 990, F	מונא,
line 25	(h) Darla velue	***************************************		<del></del>
1. (a) Description of liability	(b) Book value	*- *	•	•
(1) Federal income taxes	0		-	
(2) Line of Credit	205.000		7 77	
(3) Loan Guarantee Fund	865,000	, 1-		•
(4)		·		~ .
(5)				;
(6)		- <del></del>		•
_(7)				_
(8)			- <del></del> -	• _
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶	865,000	` <b>~</b>	-	•

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

Par	Reconciliation of Revenue per Audited Financial Statem	ents With Re	venue per Return.	
	Complete if the organization answered "Yes" on Form 990, I			
1	Total revenue, gains, and other support per audited financial statements	<u> </u>	1	2,403,580
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	7 ,	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2,403,580
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		٠,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	"}	
b	Other (Describe in Part XIII )	4b	<u> </u>	
С	Add lines 4a and 4b	<del>-</del>	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	?)	5	2,403,580
Par	Reconciliation of Expenses per Audited Financial Stater	nents With E	xpenses per Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12	a	
1	Total expenses and losses per audited financial statements		1	2,355,019
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		. ,	~
а	Donated services and use of facilities	2a	4 4	
b	Prior year adjustments	2b	ال مراحة ا	
С	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	2,355,019
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		* :	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18)	5	2,355,019
	XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 $$			Part X, line
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	provide any add	ditional information	
Part 2	X Line 2 The Foundation is an exempt organization under Internal Revenue Si	ervice Code		
501(0	c)(3) and California Franchise Tax Board Code Section 23701(d) No provision	for		
incou	ne taxes has been made. Management beleives the Foundation has no uncert	tain tax		
		taın tax		
	ne taxes has been made Management beleives the Foundation has no uncert ons as of December 31,2017			

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

► Attach to Form 990.

|--|

OMB No 1545-0047

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

Employer identification number

ž

X Yes

94-2838242

	General Information on Grants and Assistance
srs	and
ng Cente	Grants
t L	o
California Foundation for Independent Living Centers	<b>Iformation</b>
ation for	neral In
Found F	Ge
California	Partl

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?

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

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

1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		if applicable	grant	cash assistance	(book, FMV appraisal, other)	noncash assistance	or assistance
(1) Rolling Start, Inc						le.	DLL & VODC
1955 Hunts Ln, Ste 101 San Bernardır	95-3178138	501(c)(3)	38,982				
(2) Goodwill Industries of Orange Cou							DLL & VODC
410 N Fairview St Santa Ana, CA 9270	95-1644018	501(c)(3)	38,446				
(3) Rancho Los Amigos Foundation							DLL
7601 E Imperial HWY Suite 1110 Dow	95-3849600	501(c)(3)	23,399				
(4) Central Coast Assistive Technology							DLL
11491 Los Osos Valley Rd San Luis O	93-1141809	501(c)(3)	19,797				
(5) Central Coast Center for Independ							DLL & VODC
318 Cayuga St Ste 208 Salinas, CA 93	77-0055747	501(c)(3)	34,370				
(6) Disability Action Center							DLL
1161 East Ave Chico, CA 95926	94-2735218	501(c)(3)	40,491				
(7) FREED							DLL & VODC
2059 Nevada City HWY Ste 102 Grass	68-0086639	501(c)(3)	33,972				
(8) Independent Living Resource Cent							DLL
825 Howard St San Francisco, CA 941	94-2588703	501(c)(3)	19,098				
(9) Silicon Valley Independent living C							DLL & VODC
25 N 14th St Ste 1000 San Jose, CA 9	94-2332246	501(c)(3)	21,769				
(10) Community Resources for Indepen							DLL
439 A Street Hayward, CA 94541	94-2598873	501(c)(3)	20,998	ļ			
(11) United Cerebral Palsy of San Diego							DLL
8525 Gibbs Dr Ste 209 San Diego, CA	95-1866066	501(c)(3)	43,986				
(12) Convalescent Aid Society							DLL
3255 E Foothill Blvd Pasadena, CA 91 95-1782304	95-1782304	501(c)(3)	13,125				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1501(c)(3) and go	overnment organiza	tions listed in the line 1	table		•	

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Fage 2

California Foundation for Independent Living Centers

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

Schedule I (Form 990) (2017)

Part III

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV 3 S, 9

# Continuation Sheet for Schedule I (Form 990)

	O	continuation	Continuation Sheet for Schedule I (Form 990)	Schedule I	(Form 990)		Page 1 of 1
Name of the organization						Employer identification number	l
California Foundation for Independent Living Centers	ng Centers					94-2838242	
Part II Continuation of Grants and Other Assistance to	and Other Ass		ernments and Or	ganizations in t	Governments and Organizations in the United States		
(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
(13) Team of Advocates for Special Kids, Inc. 100 Wes Cerritos Ave Anaheim, CA 92805	95-3294319	501(c)(3)	18,549				DLL & VODC
(14)							
(15)							
(16)							
(17)							
(18)							
(19)							
(20)							
(21)							
(22)						,	
(23)							
(24)							
(25)							
(26)							
(27)							
(28)							
(29)							

# 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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number California Foundation for Independent Living Centers 94-2838242 Form 990, Part III, Line 4d Program Service Expenses 129,955, Grants and allocations 0, Revenue 47,034 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, youth led social change that impacts youth with disabilities, and building the capacity of Independent Living Centers to serve youth with disabilities YOI offers year long and summer volunteer opportunities within Independent Living Centers for youth with disabilities. Our YOI 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 \$14,783 Form 990, Part VI, Section A, Line 2 The Interim Executive Director of CFILC, has a family relationship with the Executive Director of MCIL, which 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 CFILC 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 Form 990, Part VI, Section C, Line 19 The governing documents, conflict of interest policy and financial statements are available upon request