059							
Date Acce	epted			DO N	OT MAIL	THIS F	ORM TO THE FTB
TAXABLE	YEAR Califor	rnia e-file Return	Authoriza	tion for			FORM
201		ot Organizations					8453-EO
Exempt Orga	anization name	ot organizations				Identifyir	ng number
CENTER	R FOR INDEPENDEN	NT LIVING				23-7	175191
Part I		Information (whole dollars or	nly)			1-0 .	
1 Tota		199, line 4)				1	9,064,770.
2 Tota	al gross income (Form 1	99, line 8)				2	9,064,770.
3 Tota	al expenses and disburse	ements (Form 199, Line 9)				3	2,532,248.
Part II	Settle Your Accou	unt Electronically for Ta	axable Year 201	9			
4	Electronic funds withdra	awal <b>4a</b> Amount		<b>lb</b> Withdrawal da	te (mm/dd/yy	yy) _	
Part III	Banking Informat	ion (Have you verified the e	xempt organization	s banking informa	tion?)		
5 Rout	ting number	1					1
6 Acco	ount number		<b>7</b> Туре	of account:	Checking	∐ s	avings
Part IV	Declaration of Off	ficer					
I authorize withdrawa	e the exempt organization of the exempt organization of the amount listed of	on's account to be settled as on line 4a.	designated in Part	II. If I check Part I	I, Box 4, I au	thorize	an electronic funds
statements	s be transmitted to the FTE	ble interest and penalties. I a B by the ERO, transmitter, or in norize the FTB to disclose to	termediate service p	rovider. If the proce	ssing of the e vider the reas	xempt o son(s) f	rganization's
Here	Signature of officer	9	Date	Title			
Part V	Declaration of Ele	ectronic Return Origina	tor (ERO) and F	aid Preparer. S	See instructio	ns.	
the best o organization officer's siferness and Authorized exempt orgunder pen statements	of my knowledge. (If I and ion's return. I declare, he ignature on form FTB 84 information that I will find e-file Providers. I will be ganization return is filed, we halties of perjury, I decla	above exempt organization's m only an intermediate service owever, that form FTB 8453-1453-EO before transmitting the lile with the FTB, and I have fixeep form FTB 8453-EO on fixed whichever is later, and I will make that I have examined the province of the lile of the	ce provider, I under EO accurately reflect is return to the FTE ollowed all other reflect four years from the copy available to acopy available to acopy available to the copy a	stand that I am no its the data on the B; I have provided quirements describ om the due date of the FTB upon requestion's return ar	t responsible return.) I have the organizate bed in FTB Pour the return or uest. If I am all accompan	for revive obtains office the second of the	ewing the exempt ned the organization for with a copy of all 5, 2019 Handbook for ears from the date the aid preparer, nedules and
ERO Must	ERO's signature  Firm's name (or yours if self-employed)	MAZE & ASSOCIATES 3478 BUSKIRK AVE	STE 215	Check also pa prepare	id y self-		ERO's PTIN P01809278 IN 94-2590179
Sign	and address	PLEASANT HILL	U111 213		CA	ZIP code	94523
Under penalti	ies of perjury, I declare that I ha	ave examined the above organization's	return and accompanying	g schedules and stateme			
are true, corr	Paid	declaration based on all information	of which I have knowled	ge. Date			Paid preparer's PTIN
Paid	preparer's signature				Check if self-employed		

Paid signature

Preparer

Must Sign

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019

Firm's FEIN

ZIP code

#### **MAZE & ASSOCIATES**

3478 BUSKIRK AVE STE 215 PLEASANT HILL, CA 94523 925-930-0902 Client CENTERFO March 11, 2021

CENTER FOR INDEPENDENT LIVING 2490 MARINER SQUARE LOOP # 210 ALAMEDA, CA 94501 (510) 841-4776

#### **FEDERAL FORMS**

Form 990 2019 Return of Organization Exempt from Income Tax

Schedule A Organization Exempt Under Section 501(c)(3)

Schedule B Schedule of Contributors

Schedule D Schedule D

Schedule M Non-Cash Contributions
Schedule O Supplemental Information

Schedule R Related Organizations and Unrelated Partnerships

Form 8868 Application for Extension

Form 8879-EO IRS e-file Signature Authorization

#### **CALIFORNIA FORMS**

Form 199 2019 California Exempt Organization Return

Schedule B Schedule of Contributors

Form 3539 (199) Automatic Extension Voucher - Corp.

Form 3586 Electronic Filing Payment Voucher

Form 8453-EO California e-file Return Authorization for Exempt

Form RRF-1 2020 Registration/Renewal Fee Report

#### **FEE SUMMARY**

Preparation Fee \$ 1,236.00

Amount Due \$ 1,236.00

# Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization For calendar year 2019, or fiscal year beginning 7/01 , 2019, and ending 6/30 , 20 2020 ▶ Do not send to the IRS. Keep for your records.

Department of the Treasury	Do not send to the IRS. Reep i	-			2019
Internal Revenue Service	► Go to www.irs.gov/Form8879EO for	the latest inf	ormation.		
Name of exempt organization					dentification number
CENTER FOR INDEP Name and title of officer	ENDENT LIVING			23-71	75191
STUART JAMES	FX	ECUTIVE	DIBECT	OR	
Part I Type of Retu	rn and Return Information (Whole Dollars C	)nlv)	DINLCI	OIX	
	rn for which you are using this Form 8879-EO and ent		ahla amou	ent if any from	n the return. If you
check the box on line 1a, 2 leave line 1b, 2b, 3b, 4b, o	2a, 3a, 4a, or 5a, below, and the amount on that line for 5b, whichever is applicable, blank (do not enter -0-).  Do not complete more than one line in Part I.	or the return I	being filed	with this form	n was blank, then
1 a Form 990 check here	e ► X b Total revenue, if any (Form 990, Part	VIII, column	(A), line 1	2)	1b 9,064,770
2 a Form 990-EZ check	nere b Total revenue, if any (Form 990-E	Z, line 9)			2 b
3 a Form 1120-POL chec	ck here ▶ 🗍 b Total tax (Form 1120-POL, line	22)			3 b
4 a Form 990-PF check	nere ▶	(Form 990-P	F, Part VI,	, line 5)	4 b
5 a Form 8868 check he	re ▶				5 b
Part II Declaration a	and Signature Authorization of Officer				
electronic return and accomplifurther declare that the all intermediate service provide the IRS (a) an acknowledge refund, and (c) the date of funds withdrawal (direct dorganization's federal taxecontact the U.S. Treasury authorize the financial instanswer inquiries and resolorganization's electronic resolution on the organization's taxecontact the IX I authorize MAZE on the organization's taxecontact the return's disclosure As an officer of the organization's regulation of the organization's regulation of the organization's regulation of the organization of t	ASSOCIATES  ERO firm name  year 2019 electronically filed return. If I have indicated wing the substitution of the IRS Fed/State program	nowledge and by of the orga o send the orga o send the orga ossion, (b) the y and its des in the tax pr lebit the entr iness days pr yment of tax ersonal identified to enter to enter thin this return , I also author zation's tax year	belief, the anization's reganization's reason for signated Fireparation by to this acritor to the esto receification nuds withdrate my PIN  In that a coporize the acrea to receification or the second with the second provided t	y are true, correlectronic retermost return to the or any delay in inancial Agent software for peccount. To reverse confidential in the confidenti	ect, and complete.  curn. I consent to allow my  ne IRS and to receive from  n processing the return or  to initiate an electronic  coayment of the  coke a payment, I must  tlement) date. I also  al information necessary to  s my signature for the  complete services as my signatur  necessary to  s my signature for the  complete services as my signatur  necessary to  s my signature for the  complete services as my signatur  necessary to  s my signature for the  complete services as my signatur  necessary to  s my signatur  necessary
Officer's signature		Date ► _			
Part III Certification	and Authentication				
ERO's EFIN/PIN. Enter you	ur six-digit electronic filing identification				,
number (EFIN) followed by	your five-digit self-selected PIN				68580509278
					Do not enter all zeros
above. I confirm that I am su	meric entry is my PIN, which is my signature on the 20 abmitting this return in accordance with the requirements of ders for Business Returns.	019 electronic f <b>Pub. 4163,</b> N	cally filed r Modernized	return for the o e-File (MeF) In	organization indicated formation for
ERO's signature ►	X Me	Date ► _	3/11/	2021	
	ERO Must Retain This Form — S Do Not Submit This Form to the IRS Unio	See Instruction	ons ed To Do S	So	

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

# 2019

# FEDERAL FILING INSTRUCTIONS

#### **CENTER FOR INDEPENDENT LIVING**

23-7175191

#### **ELECTRONICALLY FILED:**

FORM 990 - 2019 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION.

### **PAYMENT:**

NO PAYMENT IS REQUIRED.

#### Voucher at bottom of page.



# DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the

close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following the

close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month following

the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** 

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

\_ DETACH HERE \_ \_ \_ \_ \_ \_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER \_ \_ \_ \_ \_ DETACH HERE \_ \_ \_ CAUTION: You may be required to pay electronically, see instructions. CALIFORNIA FORM TAXABLE YEAR **Payment Voucher for Corporations** 

and Exempt Organization's e-filed Returns 2019

3586 (e-file)

0646485 00000000000 19 FORM 3 23-7175191 CENT 06-30-20 07-01-19 TYE TYB

CENTER FOR INDEPENDENT LIVING STUART JAMES

2490 MARINER SQUARE LOOP

CA 94501 ALAMEDA

STE 210

(510) 841-4776

AMOUNT OF PAYMENT

10.

# 2019

## **CALIFORNIA FILING INSTRUCTIONS**

#### **CENTER FOR INDEPENDENT LIVING**

23-7175191

#### **ELECTRONICALLY FILED:**

FORM 199 - 2019 CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN WILL BE ELECTRONICALLY FILED UPON RECEIPT OF A SIGNED FORM 8453-E0.

#### PAYMENT:

THERE IS A BALANCE DUE OF \$10.

#### **FORM TO FILE:**

FORM 3586 - PAYMENT VOUCHER FOR E-FILED RETURNS

#### WHERE TO FILE:

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0531

#### WHEN TO FILE:

AS SOON AS POSSIBLE.

# 2019

## **CALIFORNIA FILING INSTRUCTIONS**

#### **CENTER FOR INDEPENDENT LIVING**

23-7175191

#### FORM TO FILE:

FORM RRF-1 - REGISTRATION/RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

#### **SIGNATURE:**

SIGN AND DATE FORM RRF-1.

#### **PAYMENT:**

THERE IS A FEE DUE OF \$150 WHICH IS PAYABLE BY MAY 17, 2021. ATTACH A CHECK OR MONEY ORDER FOR THE FULL AMOUNT PAYABLE TO "DEPARTMENT OF JUSTICE" AND WRITE THE CALIFORNIA CHARITY REGISTRATION NUMBER ON THE PAYMENT.

#### WHEN TO FILE:

ON OR BEFORE MAY 17, 2021.

#### WHERE TO FILE:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

## MAZE & ASSOCIATES 3478 BUSKIRK AVE STE 215 PLEASANT HILL, CA 94523 925-930-0902

March 11, 2021

CENTER FOR INDEPENDENT LIVING 2490 MARINER SQUARE LOOP Suite # 210 ALAMEDA, CA 94501

Dear Stuart:

Enclosed for your review:

Form 990

2019 Return of Organization Exempt from Income Tax

Form 199

2019 California Exempt Organization Return

Form RRF-1

2020 Registration/Renewal Fee Report

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely

PETER MEDINA, EA

STATE OF CALIFORNIA

(Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.ag.ca.gov/charities/ DEPARTMENT OF JUSTICE PAGE 1 of 5
(For Registry Use Only)

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

ww.ag.ca.gov/cnanties/								
CENTER FOR INDEPENDENT LIVING		Check if:  Change of address						
Name of Organization		Amended re						
List all DBAs and names the organization uses or has used		Amerided re	sport					
2490 MARINER SQUARE LOOP # 210 Address (Number and Street)		State Charity F	Registration Number 0646485					
ALAMEDA, CA 94501 City or Town, State and ZIP Code		Corporation or	Organization No. 0646485	-//				
(510)         841-4776         ACCOUNTING@E-mail Address		•	yer ID No. 23-7175191					
ANNUAL REGISTRATION RENEWAL Make Cl	FEE SCHEDULE (11 Cal. heck Payable to Departr	Code Regs. sec nent of Justice	tions 301-307, 311, and 312)					
Gross Annual Revenue Fee Gross A	nnual Revenue	Fee	Gross Annual Revenue	F	ee			
	n \$100,001 and \$250,000 n \$250,001 and \$1 millio		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	n \$2	150 225 300			
PART A – ACTIVITIES		11	C (20 (20 ) Note					
For your most recent full accounting period (begin								
Gross Annual Revenue \$ 9,064,770. Non	ncash Contributions \$_		0. Total Assets \$ 12,610	),14	3.			
Program Expenses \$ 1,787	7,014.	Total Expenses	\$ 2,532,248.					
PART B – STATEMENTS REGARDING ORGA	ANIZATION DURING	G THE PERIO	OD OF THIS REPORT					
Note: All questions must be answered. If you answer "providing an explanation and details for each "ye	vec" to any of the quest	ions below, vo	u must attach a separate page	Yes	No			
During this reporting period, were there any contracts, lo officer, director or trustee thereof, either directly or with an					X			
2 During this reporting period, was there any theft, emb	pezzlement, diversion or	misuse of the	organization's charitable property or funds?		X			
3 During this reporting period, were any organization fu					X			
4 During this reporting period, were the services of a co coventurer used?	mmercial fundraiser, fundrai	sing counsel fo	r charitable purposes, or commercial		X			
5 During this reporting period, did the organization rece	eive any governmental fu	unding?	SEE STATEMENT 1	X	Ш			
6 During this reporting period, did the organization hold	l a raffle for charitable p	urposes?			X			
7 Does the organization conduct a vehicle donation pro					X			
8 Did the organization conduct an independent audit ar generally accepted accounting principles for this repo	nd prepare audited finan orting period?	cial statements	in accordance with	X				
9 At the end of this reporting period, did the organization	on hold restricted net assets	, while reporting	g negative unrestricted net assets?		X			
I declare under penalty of perjury that I have examined and belief, the content is true, correct and complete, a	I this report, including a nd I am authorized to si	accompanying gn.	documents, and to the best of my kno	owled	ge			
STUART JA	AMES		DIRECTOR					
Signature of Authorized Agent Printed Name		Title	Date					

2019

# **CALIFORNIA STATEMENTS**

PAGE 1

CENTER FOR INDEPENDENT LIVING

23-7175191

STATEMENT 1 FORM RRF-1, PART B, LINE 5 GOVERNMENT AGENCY THAT PROVIDED FUNDING

COMMUNITY DEVELOPMENT BLOCK GRANTS CITY OF BERKELEY COMMUNITY SERVICES AND ADMINISTRATION 2180 MILVIA STREET, 2ND FLOOR BERKELEY, CA 94704 510-981-5410 KRISTEN LEE

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	//e-nie-providers/e-nie-ior-channes-and-nor-proni					
Automati	c 6-Month Extension of Time. Only sub	mit origina	al (no copies needed).			
All corporat	ions required to file an income tax return other th	an Form 99	0-T (including 1120-C filers), partnership	s, REM	ICs, and	trusts must
use Form /	004 to request an extension of time to file income Name of exempt organization or other filer, see instructions.	e tax returns		Тахрауе	r identificat	tion number (TIN)
Type or	, ,					
print	CENTER FOR INDEPENDENT LIVING	23-7	17519	1		
Ette ber Hen	Number, street, and room or suite number. If a P.O. box, see i	instructions.				
File by the due date for	2490 MARINER SQUARE LOOP # 21	0				
filing your return. See	City, town or post office, state, and ZIP code. For a foreign add	dress, see instru	actions.			
instructions.	ALAMEDA, CA 94501					
Enter the R	eturn Code for the return that this application is t	for (file a se	parate application for each return)			01
			1			Return
Application Is For	ı	Return Code	Application Is For			Code
	r Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-E		02	Form 1041-A			08
Form 4720		03	Form 4720 (other than individual)			09
Form 990-F		04	Form 5227			10
	(section 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06	Form 8870			12
<ul><li>If the o</li><li>If this is check t</li></ul>	rganization does not have an office or place of but a Group Return, enter the organization's found his box $\blacktriangleright$ . If it is for part of the group, ension is for.	ır diait Groui	ne United States, check this box	this is	for the v	whole group,
		5/15	, 20 21 _, to file the exempt organi	zation i	eturn	
for th	e organization named above. The extension is fo	or the organi	zation's return for:			
	calendar year 20 or					
▶ [	$\overline{X}$ tax year beginning $\underline{7/01}$ , 20 $\underline{19}$	, and endi	ing 6/30 , <sup>20</sup> 20 .			
- 1611	tax year entered in line 1 is for less than 12 more	— nths check	reason:   Initial return     Fin	nal retu	rn	
	change in accounting period	ining, oncon				
LJ				1		
nonre	s application is for Forms 990-BL, 990-PF, 990-T, efundable credits. See instructions			3 a	\$	0.
tax p	s application is for Forms 990-PF, 990-T, 4720, o payments made. Include any prior year overpaym	ent anoweu	as a credit	3 b	\$	0.
EETE	<b>nce due.</b> Subtract line 3b from line 3a. Include yo S (Electronic Federal Tax Payment System). Se	e instruction	15	3 c		0.
payment ir	f you are going to make an electronic funds withous tructions.			400-EC		368 (Rev. 1-2020
BAA For	Privacy Act and Paperwork Reduction Act Notice	e, see instru	ctions.		Loim 80	000 (Nev. 1-2020

(Rev. January 2020)

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	ne 2019 calen	dar year, or tax year beginning 7/01 , 2019, and	ending	6/30		2020
В	Check i	if applicable:	С		D Employe	r identific	cation number
	Ac	ddress change	CENTER FOR INDEPENDENT LIVING			1751	
	HNE	ame change	2490 MARINER SQUARE LOOP # 210		E Telephor	ne numbe	r
	$\vdash$	itial return	ALAMEDA, CA 94501		(510	)) 84	1-4776
	$\vdash$		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
	H	nal return/terminated			<b>G</b> Gross re	ceints \$	9,064,770.
	H	mended return	F N	H(a	a) Is this a group return		
	Ap	oplication pending					$\vdash$
			SAME AS C ABOVE	1507	<ul><li>Are all subordinates If "No," attach a list.</li></ul>	(see instr	ructions)
<u> </u>	Tax-	exempt status:	21 301(3)(3)	527			
J	We	bsite: ► WW	W.THECIL.ORG		Group exemption nu		
K	Form	n of organization:	X Corporation Trust Association Other ► L Year o	of formation:	1972 <b>M</b> s	tate of leg	gal domicile: CA
Pa	art I	Summar	У				T110 (GTI)
	1	Briefly descri	be the organization's mission or most significant activities:CENTE	R FOR	INDEPENDEN'	r,	ING (CIL)
d		PROVIDES	S SERVICES, SUPPORT AND ADVOCACY TO ENHANCE	E THE	RIGHTS AND	BTT.	TITES OF
Governance		PEOPLE W	VITH DISABILITIES_TO_ACTIVELY_PARTICIPATE_1	IN THE	TK COWMONTJ	TES T	AND TO LIVE -
ŗ		SELF-DET	ERMINED LIVES.				
ove	2	Check this be	ox I if the organization discontinued its operations or disposed	d of more	than 25% of its i	net ass	ets.
Ğ	3	Number of vo	oting members of the governing body (Part VI, line 1a)			3 4	9
ος V	4	Number of in	ndependent voting members of the governing body (Part VI, line 1b)	))		5	31
itie	5	Total numbe	r of individuals employed in calendar year 2019 (Part V, line 2a)r of volunteers (estimate if necessary)			6	0
Activities &	6	Total numbe	ed business revenue from Part VIII, column (C), line 12			7a	0.
Ă	/a	Notal unrelat	d business taxable income from Form 990-T, line 39			7b	0.
	D	Net unrelated	u busilless taxable ilicollie ilolli olli 330 1, ililo os.		Prior Year		Current Year
		Contributions	s and grants (Part VIII, line 1h)		2,483,0	68.	8,496,414.
e	8	Drogram ser	vice revenue (Part VIII, line 2g)		29,0		16,432.
Revenue	9	Investment i	ncome (Part VIII, column (A), lines 3, 4, and 7d)		-1,2		549,067.
Şe,	10	Other revenue	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			27.	2,857.
	11 12	Total revenu	e — add lines 8 through 11 (must equal Part VIII, column (A), line 1	12)	2,511,3		9,064,770.
	13	Grants and s	similar amounts paid (Part IX, column (A), lines 1-3)				4
		Panafita nai	d to or for members (Part IX, column (A), line 4)				
	14	Selevine oth	ner compensation, employee benefits (Part IX, column (A), lines 5-1	10)	1,409,1	52.	1,333,785.
S	15		fundraising fees (Part IX, column (A), line 11e)				, , , , , , , , , , , , , , , , , , , ,
Expenses	16 a						
XDe	- b	Total fundra	ioning expenses ( and a )	284.		0.5	1 100 160
Ш	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,080,1		1,198,463.
	18		ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,489,3		2,532,248.
	19	Revenue les	s expenses. Subtract line 18 from line 12		21,9		6,532,522.
5	9				Beginning of Currer		End of Year
eta	20	Total assets	(Part X, line 16)		2,287,2		12,610,143.
t Assets	21	Total liabiliti	es (Part X, line 26)		1,048,6	503.	5,208,371.
Net	22	Net assets of	or fund balances. Subtract line 21 from line 20		1,238,6	564.	7,401,772.
	art II		re Block				
Line	der nens	alties of periury. I	declare that I have examined this return, including accompanying schedules and statement barer (other than officer) is based on all information of which preparer has any knowledge.	nts, and to th	e best of my knowledge	e and beli	ief, it is true, correct, and
cor	nplete. [	Declaration of prep	parer (other than officer) is based on all information of which preparer has any knowledge.	•			
			IFNI COPY				
Si	gn	Signal	ture of officer		Date		
H	ere	STU	JART JAMES		EXECUTIVE	DIREC	CTOR
			or print name and title				
_		Print/Type	preparer's name Preparer's signature Da	ate	Check		PTIN
D	aid	PETER	MEDINA, EA		self-employ	red .	P01809278
	aiu repai		TO THE TAX A COLOR TARRED				
Ü	se O	••	A THE PERSON AND COME OF C		Firm's EIN		-2590179
			PLEASANT HILL, CA 94523		Phone no.		-930-0902
ΝΛ:	av the	IRS discuss	this return with the preparer shown above? (see instructions)				. X Yes No
1710	ay tile	4130433	The second terms of the selection of the				F 000 (2010)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*..... X 3 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..... Χ 4 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, Part III...... X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, X 6 Part I..... Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II........... 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ 8 complete Schedule D, Part III ...... Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. Χ 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V...... X 10 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule X 11 a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII...... 11 b c 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. Χ 11 c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX...... X 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11 e 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... 11 f Χ 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Χ 12a Schedule D, Parts XI and XII...... b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional..... Χ 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 14a Did the organization maintain an office, employees, or agents outside of the United States?.... Χ 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. Χ 14b 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV..... Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)..... 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Χ 19 complete Schedule G, Part III..... Χ 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... 20a **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 Χ domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.

Pa	tiv Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete			
	Schedule J	23		X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> 'Yes,' complete Schedule L, Part II	26		X
27	The state of the s	27		Х
28	the fillewise parties (see Schodule I. Bart IV			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		X
29	· · · · · · · · · · · · · · · · · · ·	29	Х	
30	contributions? If 'Yes,' complete Schedule M	30 31		X
31		31		
32	Schedule N, Part II	32		X
33	301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	V
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note: All Form 990 filers are required to complete Schedule Q	38	Х	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		w	
<u> </u>	TC (A0104) 07/21/10	1 c Form	990 (	[ (2019
			,	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
0 - 1	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
1	ments, filed for the calendar year ending with or within the year covered by this return 2a 31			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	1000-000
1	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2		X
3 a l	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a 3 b		
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 10		
4 a	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 account)?	4 a		Х
ь	If 'Yes,' enter the name of the foreign country▶			
;	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			17
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b 5 c		
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50		
	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?	6 a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
	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?	7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7с		X
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Form 1098-C?			
	organization have excess business holdings at any time during the year?	8		The state of the s
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	1		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	$\blacksquare$		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13 a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	,,,,		
	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	14 a		X
14 a	Did the organization receive any payments for indoor talling services during the tax year	141	+	1
b	off Yes, has it filed a Form 720 to report these payments: If No, provide an explanation on estimate of the residence of the section of the s			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
. •	If 'Yes,' complete Form 4720, Schedule O.		m 000	(2019)
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Form	990 (2019) CENTER FOR INDEPENDENT LIVING 23-7175191			age 6
Par	tVI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b, be	elow,	and i	for
100000000000000000000000000000000000000	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char	nges d	n	
	Schedule O. See instructions.			. X
	Check if Schedule O contains a response or note to any line in this Part VI			· [A]
Sec	tion A. Governing Body and Management		V 1	
			Yes	No_
1 a	Enter the number of voting members of the governing body at the end of the tax year	4 1		
	of the governing body, or if the governing body delegated broad			
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	별 [		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
	since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	0		Λ
7 a	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?	7 a		Х
۲	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
•	stockholders, or persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
-	The governing body?	8 a		Х
ı	Each committee with authority to act on behalf of the governing body?	8 b		Х
	In there any officer director trustee, or key employee listed in Part VII. Section A, who cannot be reached at the			
9	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule U	9	13.0	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	eveni	Yes	No
		10-	163	
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a	163	X
ı	of 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
ı	of 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	X	
11 a	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	X	
11 a	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 : 11 : 12 :	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b 11 a 12 a	X	
11 a 12 a 12 a	of If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b 11 a 12 a 12 b	X	
11 a 12 a 12 a	of If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	10 b 11 a 12 a 12 b 12 c	X X X	
11 a 12 a 12 a	of If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE. SCHEDULE. O  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c	X X X X	
11 a l l l l l l l l l l l l l l l l l l	of If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  A has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE.O.  Did the organization have a written whistleblower policy?.  Did the organization have a written document retention and destruction policy?.	10b 11a 12a 12b 12c	X X X	
11 a l l l l l l l l l l l l l l l l l l	of If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE.O.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons. comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13	X X X X X	
11 a l l l l l l l l l l l l l l l l l l	of If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE. SCHEDULE. O  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE. O	10 b 11 a 12 a 12 b 12 c 13 14	X X X X X	X
11 a l l l l l l l l l l l l l l l l l l	of If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  A has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.  Dother officers or key employees of the organization.	10 b 11 a 12 a 12 b 12 c 13 14	X X X X X	
11 a l l l l l l l l l l l l l l l l l l	of If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  A has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.  Dother officers or key employees of the organization.	10 b 11 a 12 a 12 b 12 c 13 14	X X X X X	X
11 a l l l l l l l l l l l l l l l l l l	of 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE. O  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O  b Other officers or key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	10b 11a 12a 12b 12c 13 14	X X X X X	X
1112 122 13 14 15	of it 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE. SCHEDULE. O  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE. O  b Other officers or key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	X X X X X	X
1112 122 13 14 15	of 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE. O  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O  b Other officers or key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	10b 11a 12a 12b 12c 13 14	X X X X X	X
1112 122 13 14 15	of it 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  Describe officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O.  Did the organization have a written whistleblower policy?.  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.  Other officers or key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14	X X X X X	X
1112 122 13 14 15	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?.  Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  Describe officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE. SCHEDULE. O.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE. O.  Do Other officers or key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  Do Other officers or key employees of the organization.  If 'Yes,' did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Dif 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X	X
111: 12: 13: 14: 15:	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.  a has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?.  Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE. SCHEDULE. Q.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE. Q.  Other officers or key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If I'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Etion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed P.  Section 6104 requires an organization to make its Forms 1023 (1024 or	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X	X
1112 122 13 14 15 16 Sec	of if Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O.  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE O.  Do Other officers or key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Dif (Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Extion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed Participation in joint venture arrangement to make its Forms 1023 (1024 or 1024-A, if applicable),	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X	X
1112 122 13 14 15 16 Sec	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  a Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  by Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  C Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE. O.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE. O.  b Other officers or key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Exist the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applic	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X	X

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII.

# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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.

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

BAA

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (do not check more than one box, unless person is both an officer and a director/trustee) (F) (E) (D) (B) Reportable compensation from (A) Reportable compensation from the organization (W-2/1099-MISC) Estimated amount Average hours Name and title of other compensation from related organizations (W-2/1099-MISC) per week the organization and related organizations Individual Institutional employee righest compensated ormer (list any hours for employee related organiza-tions trustee al trustee below dotted 37.5 (1) STUART JAMES 0. 0. X 124,641 EXECUTIVE DIRECTOR 0 1 (2) MELISSA MALE 0. 0 0 Χ 0 Х PRESIDENT 1 (3) CALEB VAN DOCTO 0 0. 0. X Χ 0 VICE PRESIDENT 1 (4) ANNA BASALLAJE 0. 0 0 0 Χ **MEMBER** 1 (5) ERIC BROQUE 0. 0 0. 0 Χ Χ TREASURER 1 (6) PETER Y. SUSSMAN 0. 0. 0. Х 0 MEMBER 1 (7) SHERRI RITA 0. 0. 0 0 X **MEMBER** 1 (8) OWEN KENT 0. 0 0 Χ 0 MEMBER 1 (9) EDWARD A. OLSEN 0.\_ 0 0 Χ 0 MEMBER 1 JOSH HALSTEAD 0. 0. 0 X 0 MEMBER (11) (12)(13)(14)Form 990 (2019) TEEA0107L 07/31/19

Neme and title    A	m 990 (2019) CENTER FOR INDEPE art VII Section A. Officers, Direc	(B)	1		(υ	"				<b>!</b>	
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1 b Subtotal		hours per week (list any hours for related organiza	offic	er ar	nd a	directo	r/trust	ee)	compensation from	reportable compensation from related organizations (W-2/1099-MISC)	of other compensation from the organization and related
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual.  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensated employee or highest compensation and rother compensation. Profit is such individual.  5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation and other compensation. Profit is such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual.  6 Complete line table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization from the organization or individual.  (A)  Name and business address  Compensation for services.		below dotted	rustee	trustee		ee	pensated				
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3) 3) 4) 5) 1b Subtotal 1c Total from continuation sheets to Part VII, Section A 1c Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist, any former officer, director, trustee, key employee, or highest compensated employee 3 Did the organization ist, any former officer, director, trustee, key employee, or highest compensation from the organization and related organization squared than \$150,000? If 'Yes, 'complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes, 'complete Schedule J for such person.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual or services rendered to the organization? If 'Yes, 'complete Schedule J for such person.  6 Description of services  Compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation or services  Compensation from the organization report compensation for the calendar year ending with or within the organization from the organization Report compensation for the calendar year ending with or within the organization from the organization Report compensation for the calendar year ending with or within the organization from the organization Report compensation for the calendar year ending with or within the organization from the organization Report compensation for the calendar year ending with or within the organization from the organization Report compensation for the calendar year ending with or within the organization from the organization from the organization Report compensation for the calendar year ending with or within the organization from the organization from the organizati	)										
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Compensation from the organization. Report compensation (A) Name and business address  (B) Description of services Compensatio	Section B. Independent Contract	ors							hat received mor with or within the	re than \$100,000 of e organization's tax y	
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- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		are (including but no	t limite	ed to	) thr	se li	sted	abov	e) who received n	nore than	

art V	/III Statement of Revenue Check if Schedule O contains a response or note to any	line in this Part VIII	l		
	Check if Schedule O contains a response or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>ω</b> 1	a Federated campaigns 1a			The state of the s	
and Other Similar Amounts	b Membership dues				
Ë	c Fundraising events				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Y Y	d Related organizations 1 d				
	e Government grants (contributions) 1e 1,756,065.		A PERMIT		
S.	f All other contributions, gifts, grants, and				
her	Mark distributions included in				
ᅙ	lines 1a-1f	0 406 414			
and	h Total. Add lines 1a-1f	8,496,414.		1000	
2		16,432.			16,432.
5 2	2a FEES FOR SERVICES	10,4321			
č	b				
2	C				
8	d				
Гап	f All other program service revenue				
Program service nevelue	g Total. Add lines 2a-2f	16,432.			
	2 Investment income (including dividends, interest, and				99,785
	3 Investment income (including dividends, interest, and other similar amounts)	99,785.			337.00
	A Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal			Part of the Control	
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c	<b>-</b>			
	d Net rental income or (loss)(ii) Securities (ii) Other				
	7 a Gross amount from				
	sales of assets other than inventory 7a 449,282	<u>•</u>			
	b Less: cost or other basis and sales expenses 7b				
	c Gain or (loss) 7c 449, 282		200 mg/s		
	d Net gain or (loss)	449,282.	449,282		
	8 a Gross income from fundraising events			44	
Ę	(not including \$				
Other Revenue	of contributions reported on line 1c).				
æ	See Part IV, line 18				
Ę	b Less: direct expenses 8b	<b>b</b>			
₹	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities.			1,00	
	See Fait IV, fille 13				
	b Less: direct expenses  c Net income or (loss) from gaming activities				
	1				
	10 a Gross sales of inventory, less returns and allowances				
	h Less: cost of goods sold 10b				
	c Net income or (loss) from sales of inventory			Lane	
<u></u>	Business Code				2,85
otk V	11a OTHER_REVENUE	2,857			2,00
ē 3	b d All other revenue				
틢	c				
Miscellaneous	d All other revenue	2 057	7		
Σ	e Total. Add lines 11a-11d	2,857		2	0. 119,07
	12 Total revenue. See instructions	9,064,770 TEEA0109L 07/31/19	7.1		Form 990 (2

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 ..... (D) (A) Total expenses (C) (B) Do not include amounts reported on lines Fundraising Program service Management and 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 ...... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members..... Compensation of current officers, directors, 7,479. 18,696 98,466 trustees, and key employees..... 124,641 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described 0. 0 0 in section 4958(c)(3)(B)..... 0 37,914. 951,761 737,137 176,710 Other salaries and wages..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 4,078. 118,548 34,689 157,315 Other employee benefits..... 9,864. 19,792 100,068. 70,412 10 Payroll taxes..... 11 Fees for services (nonemployees): a Management..... **b** Legal..... c Accounting..... d Lobbying.....  $\boldsymbol{e}$  Professional fundraising services. See Part IV, line 17. . . f Investment management fees..... g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.5CH. 49,238. 47,462 270,673 367,373 13 Office expenses..... Information technology..... Royalties.... 104,225 22,958. 268,486 395,669 Occupancy..... 5,321. 3,337 10,477 19,135. Payments of travel or entertainment expenses for any federal, state, or local public officials. ..... Conferences, conventions, and meetings.... 610. 106 716 Interest..... Payments to affiliates..... 85,030 85,030 Depreciation, depletion, and amortization . . . 2,293 1,262. 17,509 21,064 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... 9,441 1,325. 93,978 104,744 a EQUIPMENT 33,821. 5,816 3,415 43,052 b HOSTING 5,666 2,770. 31,189 39,625. c TELEPHONE 11,531. 37,568 23,077 2,960 d PRINTING AND PUBLICATIONS 36,727 4,113. 84,487. 43,647. e All other expenses..... 192,284. 1,787,014 552,950 2,532,248 25 Total functional expenses. Add lines 1 through 24e . . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here ► SOP 98-2 (ASC 958-720)..... Form 990 (2019)

BAA

Par	t X	Balance Sheet  Check if Schedule O contains a response or note to any line in this Part X			
		Check if Schedule o contains a responsi	(A) Beginning of year		End of year
		Cash — non-interest-bearing	727,305.	1	816,572.
	1	Cash — non-interest-bearing	34,649.	2	
	2	Savings and temporary cash investments	1,015,549.	3	1,351,015.
	3	Accounts receivable, net	236,939.	4	19,587.
-	4	Accounts receivable, net			
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.		5	
	6	ther receivables from other disqualified persons (as defined under		6	
	v	section 4958(f)(1)) and persons described in section 4958(c)(5)(D)			
1	7	Notes and loans receivable, net		7	
6	8	Inventories for sale or use		8	00 760
ا <del>ن</del>	_	Prepaid expenses and deferred charges.	79,743.	9	88,769.
Assets	9				
7	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
		Less: accumulated depreciation	193,082.	10 c	249,638.
	b	Investments – publicly traded securities.		11	6,530,811.
	11	Investments – publicity traded securities.  Investments – other securities. See Part IV, line 11		12	
	12	Investments – other securities. See Part IV, line 11		13	
	13	Investments – program-related. See Part IV, line III		14	3,553,751.
	14	Intangible assets		15	
	15	Other assets. See Part IV, line 11.	2,287,267.	16	12,610,143.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2/201/		
		Accounts payable and accrued expenses	140,619.	17	106,929
	17	Grants payable	i e	18	
	18	Deferred revenue	907,984.	19	1,236,582
	19	Tax-exempt bond liabilities		20	
	20	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	21	Escrow or custodial account liability. Complete Factor of director, trustee,			
Ξ	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.		22	
ab		controlled entity or family member of any of these persons		23	
Ξ.	23	Command mortgages and notes navable to unrelated third parties		24	263,137
	24	three aread notes and loans payable to unrelated third parties			2007101
	25	and the standing fodoral income tax payables to related third parties,		25	3,601,723
			1,048,603.	. 26	5,208,371
	26	Total liabilities. Add lines 17 through 25.			
V.	3	Organizations that follow FASB ASC 958, check here ► X			
2	2	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	1,238,664	. 27	7,401,772
70	27	Net assets with donor restrictions		28	
ū	28	Net assets with donor restrictions			
2	4	Organizations that do not follow FASB ASC 958, check here ►			
Sand Balances		and complete lines 29 through 33.		29	
č	5 29	Capital stock or trust principal, or current funds		30	
- 5	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ò	3	Retained earnings, endowment, accumulated income, or other funds	1,238,664	. 32	7,401,772
×	<b>₹</b> 3	2 Total net assets or fund balances			
- 1	2 3	Total liabilities and net assets/fund balances	4,201,201		

-orm	990 (2019) CENTER FOR INDEPENDENT LIVING 25	, , ,	13171			
Part	XI Reconciliation of Net Assets					г
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1	9,06		
2	Total expenses (must equal Part IX, column (A), line 25)		2	2,53		
3	Revenue less expenses. Subtract line 2 from line 1		3	6,53		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	· ·   _ ·	4	1,23		
5	Net unrealized gains (losses) on investments	· ·	5	-36	59 <u>, 4</u>	14.
	Donated services and use of facilities		6			
7	Investment expenses		7			
	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)	…	9			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	1	0	7,40	)1,7	72.
	XII Financial Statements and Reporting					
word a bare	Check if Schedule O contains a response or note to any line in this Part XII					П
	Officer if defication of containing a respect of the second of the secon				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				v	
b	Were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both:    X   Separate basis	arate				
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	ıdit,		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a	X	
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why on Schedule O and describe any steps taken to undergo such audits	audit 		3 b	Х	10055
BAA	TEEA0112L 01/21/20			Form	990	(2019)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the	organization					Employer identificat	on number			
CENTER	ENTER FOR INDEPENDENT LIVING 23-7175191									
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.  e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
2	A school described in <b>section</b> 17	/U(b)(1)(A)(II). (Attach S	chedule E (Form 990 or	990-EZ). Hon <b>170</b> 4	) 'L\/1\/A\	/iii\				
3	A hospital or a cooperative ho A medical research organizat	ospital service organiz	action with a bospital d	ascribed	in sect	(111). ion 170/h)/1)(A)/iii)  Fr	ter the hospital's			
							nor the mospitars			
5	name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
	A federal, state, or local gove		ntal unit described in <b>s</b> e	ection 17	70(b)(1)(	A)(v).				
7 X	An organization that normally rein section 170(b)(1)(A)(vi).	eceives a substantial pa					ic described			
8	A community trust described		<b>\)(vi).</b> (Complete Part II	.)						
9	An agricultural research organiz or university or a non-land-gran university:	nt college of agriculture	(see instructions). Enter	the name	injunction e, city, a	n with a land-grant colleg nd state of the college o	ge			
10	An organization that normally refrom activities related to its einvestment income and unrel June 30, 1975. See section 5	eceives: (1) more than exempt functions—sub ated business taxable	ject to certain exception in the income (less section is	om contri						
11	An organization organized ar	nd operated exclusivel	y to test for public safe							
12	An organization organized ar or more publicly supported or lines 12a through 12d that de	rannizatione deceribed	t in cartion hilly(a)(1) o	r sectioi	า วบรเลา	(z). See Section Sustan	t the purposes of one (3). Check the box in			
а 🗌	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervised gularly appoint or elect <b>and B.</b>	I, or controlled by its sup a majority of the director	ported or s or trust	ganization sees of the	on(s), typically by giving ne supporting organizatio	n. Tou must			
b [	Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	the same persons that co	muoi oi	nanaye	the supported organization	511(5): 1 <b>52</b>			
С	Type III functionally integrated.	. A supporting organizati ons). <b>You must comp</b>	on operated in connection lete Part IV, Sections A	n with, an	d functio <b>I E</b> .	nally integrated with, its s	supported			
d 🗌	Type III non-functionally integrated. The constructions). You must com	t t A	ition approted in con	nootion 1	with ite e	unnorted organization(s)	that is not			
е 🗌	Check this box if the organiz integrated, or Type III non-fu	ation received a writte inctionally integrated :	en determination from t supporting organization	he IRS	hat it is	a Type I, Type II, Type	e III functionally			
f Er	ter the number of supported	organizations								
<b>g</b> Pr	ovide the following information une of supported organization	n about the supported	organization(s).	<i>(</i> , ), )		(v) Amount of monetary	(vi) Amount of other			
(i) Na	me of supported organization	(II) EIN	(described on lines 1-10 above (see instructions))	organizat in your g docun	overning	support (see instructions)	support (see instructions)			
				Yes	No					
(A)										
						:				
(B)										
(C)										
(D)										
(E)										
Takal										
Total				_0000000000000000000000000000000000000	- Andread Address of the Control of	C ! I.I. A /T	000 au 000 E7\ 2016			

Schedule A (Form 990 or 990-EZ) 2019 CENTER FOR INDEPENDENT LIVING

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

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

ecti	on A. Public Support						
eginr	dar year (or fiscal year ning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
İI	ifts, grants, contributions, and nembership fees received. (Do not nclude any 'unusual grants.')	2,389,982.	1,960,294.	2,680,497.	2,483,068.	8,496,414.	18,010,255.
_ (	Tax revenues levied for the organization's benefit and sither paid to or expended on its behalf						0.
f	The value of services or acilities furnished by a governmental unit to the organization without charge				100.000	0.406.414	0. 18,010,255.
	Fotal. Add lines 1 through 3	2,389,982.	1,960,294.	2,680,497.	2,483,068.	8,496,414.	10,010,233.
(   	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)						0.
6	Public support. Subtract line 5 from line 4						18,010,255.
Sect	ion B. Total Support			1	1		
Caler begir	ndar year (or fiscal year ning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2,389,982.	1,960,294.	2,680,497.	2,483,068.	8,496,414.	10,010,233.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	3,270.	8,732	7,015	1,278	. 99,785.	117,524.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	2,741,510	. 22,667	. 2,023	. 527	452,139	3,218,866.
	Total support. Add lines 7 through 10					12	21,346,645.
12	Gross receipts from related ac	tivities, etc. (see i	nstructions)			tion 501(a)(3)	
	First five years. If the Form 990 organization, check this box ar	id stop here					▶∐
Sec	tion C. Computation of P Public support percentage for	ublic Support	Percentage	line 11 column (	f))		84.37 %
14	Public support percentage for Public support percentage from	2019 (line 6, colur	mn (t) alvided by A. Dart II. line 14	ime 11, column (	· · · · · · · · · · · · · · · · · · ·	15	80.76%
15							eck this box
	33-1/3% support test—2019. I and stop here. The organization	JII quannos as a p	abilion Tariff	•			
	33-1/3% support test—2018. If and stop here. The organizati	on qualifies as a p	Jubility aupported	2 Organization			
	a 10%-facts-and-circumstances or more, and if the organization the organization meets the 'fa	icts-and-circumsta	nces' test. The o	rganization qualif	ies as a publicly s	upported organiza	10011
	b 10%-facts-and-circumstances or more, and if the organization organization meets the 'facts- Private foundation. If the organization	on meets me ract	al test The organ	sization qualifies a	as a publicly supp	orted organization	1
18	Private foundation. If the organization	anization did not d	спеск а вох он ш	16 15, 100, 100, 1		Schedule A (Form	990 or 990-EZ) 2019
- A							•

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

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

Sec	tion A. Public Support						
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(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				·		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
Ξ,	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
-	tion B. Total Support			1 () 0017	( ), 0010	(-) 0010	/A Tatal
	dar year (or fiscal year beginning in) 🟲	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 6						
1 <b>0</b> a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)					E 501(1)(2)	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	'▶ []
Sec	tion C. Computation of Pu	ıblic Support F	Percentage	. 10 / //		15	%
	Public support percentage for 2						%
	Public support percentage from						7
Sec	tion D. Computation of Inv	vestment Inco	me Percentag	E			96
17	Investment income percentage	tor <b>2019</b> (line 10c	, column (t), divid	ied by line 13, col	uinn (i))	17	%
18	Investment income percentage	trom 2018 Schedu	lie A, Part III, line	hay an line 14	nd line 15 is more	than 33-1/3% and	
	<b>33-1/3% support tests—2019.</b> If is not more than 33-1/3%, chec	k this box and <b>sto</b>	p here. The orga	nization qualifies	as a publicly supp	orteu organization.	
	<b>33-1/3% support tests—2018.</b> If line 18 is not more than 33-1/3%	%, check this box	and <b>stop here.</b> H	ne organization qu	ialities as a public	ciy supported organ	ization
20	Private foundation. If the organ	ization did not ch	eck a box on line			d see instructions chedule A (Form 99	

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.)

	Sections A, D, and E. If you checked 12d of Fart 1, complete occitors 7 and B, and complete		/	
Sect	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	res	NO
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
<b>3</b> a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
<b>4</b> a	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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	: Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		15,055,550
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
98	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 <b>Part VI</b> .	9a		
ŀ	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.	9b		
	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? <i>If 'Yes,' provide detail in <b>Part VI</b>.</i>	90		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
1	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.)	10b		

-	The Supporting Oppositations (continued)			
Par	t IV Supporting Organizations (continued)		Yes	No
11	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) below, the governing body of a supported organization?	11a		
t	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 <b>Part VI</b> how 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 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
1				
	a The organization satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions)	•
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Scher	lule A (Form 990 or 990-EZ) 2019 CENTER FOR INDEPENDENT LIVING		23-717	5191 Page <b>6</b>
Parl	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ພຸ 20 1970 (eynlain in l	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3.	4		
4	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		
	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):		T	
	the transport of the part of t	2		
3	Subtract line 2 from line 1d.	3		
4	The second was the second with the second se	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6		6		
7	- distributions	7		
8	to delling 7 to ling 6)	8		
	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1.	2	The second second	
3	to prior year (from Section B. line 8. Column A)	3		
4		4		
	Income tax imposed in prior year	5		
-6	to the time 5 from line 4 unless subject to emergency	6	and Time III supporting 0	rappization
		1	Lima III cupporting o	roantzanon

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 CENTER FOR INDEPENDE	NT LIVING	23-717	5191 Page <b>7</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organizati	ons (continuea)	Current Year
Section D — Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pu			
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
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.			
8 Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide d	etails 	
9 Distributable amount for 2019 from Section C, line 6	The same of the sa		
10 Line 8 amount divided by line 9 amount			705
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.		<b>→</b>	
3 Excess distributions carryover, if any, to 2019		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a From 2014			
<b>b</b> From 2015			State of the second
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		200	
4 Distributions for 2019 from Section D, line 7:		es de Mano e di Alle de Mano e di Alle de Mano e de Man	
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount	2 70 50		
c Remainder. Subtract lines 4a and 4b from 4.			100000000000000000000000000000000000000
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			The state of the s
c Excess from 2017			4 7 7 7 7 7 7
d Excess from 2018			

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e Excess from 2019.....

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

#### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2019	 2018	2017	 2016	2015
MISCELLANEOUS & OTHER SUBLEASE GAIN ON SALE OF BUILDIN	\$ G	2,857.	\$ 527.	\$ 2,023.	\$ 4,300.	\$ 4,213. 89,967. 2,647,330.
LOSS ON SALE OF ASSETS SETTLEMENT WITH RETAILE	R				-11,633. 30,000.	
REALIZED GAIN TOTAL	\$	449,282. 452,139.	\$ 527.	\$ 2,023.	\$ 22,667.	\$ 2,741,510.

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

23-7175191

CENTER FOR INDEPENDENT LIVING Organization type (check one): Section: Filers of: (enter number) organization X 501(c)( 3 ) Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or

990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

1	Page 2
number	

Schedule E	(Form	990.	990-EZ.	or 990-PF)	(2019)

Name of organization

CENTER FOR INDEPENDENT LIVING

Employer identification nu

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CIL/HAAS SUPPORTING FOUNDATION  2490 MARINER SQUARE LOOP #210  ALAMEDA, CA 94501	\$346,560.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$=	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
			(Complete Part II for noncash contributions.)

Name of organization CENTER FOR INDEPENDENT LIVING 1 1 Pa 23-7175191

Part II	Noncash Property (see instructi	ons). Use duplicate copies of Part II if a	dditional space is ne	eded.	
(a) No. from Part I	Description	(b) of noncash property given	FMV ( (See ii	(c) (or estimate) nstructions.)	(d) Date received
	N/A				
			 \$		
(a) No. from Part I	Description	(b) of noncash property given	FMV ( (See i	(c) (or estimate) nstructions.)	(d) Date received
			\$		
(a) No. from Part I	Description	(b) of noncash property given	FMV (See i	(c) (or estimate) instructions.)	(d) Date received
(a) No. from Part I	Description	(b) of noncash property given	FMV (See	(c) (or estimate) instructions.)	(d) Date received
			\$		
(a) No. from Part I	Description	(b) of noncash property given	FMV (See	(c) (or estimate) instructions.)	(d) Date received
			Y		
(a) No. from Part I	Description	(b) n of noncash property given	FMV (See	(c) (or estimate) instructions.)	(d) Date received
			<sup>Y</sup>		
BAA			Schedule B (	(Form 990, 990-E	Z, or 990-PF) (2019

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

**Open to Public** Inspection Employer identification number

Name of the organization 23-7175191 CENTER FOR INDEPENDENT LIVING Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. Part I (b) Funds and other accounts (a) Donor advised funds Total number at end of year..... Aggregate value of contributions to (during year) . . . . . 2 Aggregate value of grants from (during year) . . . . . . . . . 3 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?.... No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes impermissible private benefit?.... Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a a Total number of conservation easements..... 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 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 ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?...... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)?.... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. Part III 1 a If the organization elected, as permitted under FASB 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. b If the organization elected, as permitted under FASB 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 following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1..... 

Part III Organizations Maintain						.,,,,,,,	
3 Using the organization's acquisition, items (check all that apply):	accession, and other			ake significant use of its c	collection		
a Public exhibition		d Loan or	exchange program				
<b>b</b> Scholarly research		e Other	Acceptance of the second secon	- August - A		****	
<b>c</b> Preservation for future genera							
4 Provide a description of the organiza Part XIII.							
5 During the year, did the organizat to be sold to raise funds rather the	an to be maintained	as part of the ord	janization's collection:	(, , , , , , , , , , , , , , , , , , ,	Yes	Dort	No
Part IV Escrow and Custodial line 9, or reported an a	Arrangements. amount on Form	Complete if th 990, Part X, li	e organization and ne 21.	swered Yes on For	m 990,	–arı	IV,
1 a Is the organization an agent, trust on Form 990, Part X?	tee, custodian or oth	er intermediary fo	or contributions or othe	er assets not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and com	plete the following	g table:	_		t	
bil 163, explain the arrangement			•		Amount		
c Beginning balance				1c			
d Additions during the year		,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1d			
e Distributions during the year	. ,	·		1e			
f Ending balance				1f			
2a Did the organization include an a	mount on Form 990,	Part X, line 21, fe	or escrow or custodial	account liability?	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII. Check h	nere if the explana	ation has been provide	d on Part XIII		[	
Part V Endowment Funds. Co	omplete if the or	ganization ans	swered 'Yes' on Fo	orm 990, Part IV, lir	ne 10.		
	(a) Current year	(b) Prior year	(c) Two years back	( (d) Three years back	(e) Fou	r years	back
1 a Beginning of year balance					<u> </u>		
<b>b</b> Contributions					-		
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentage		end balance (line	e 1g, column (a)) held	as:			
a Board designated or quasi-endowment		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
<b>b</b> Permanent endowment ▶	્રે						
c Term endowment ►	%						
The percentages on lines 2a, 2b, ar	nd 2c should equal 10	0%.					
3 a Are there endowment funds not in to organization by:						es	No
(i) Unrelated organizations					. 3a(i)		
(ii) Related organizations					.  3a(ii)		
b If 'Yes' on line 3a(ii), are the rela	ated organizations lis	sted as required o	n Schedule R?		. 3b		
4 Describe in Part XIII the intended	d uses of the organia	zation's endowme	nt funds.			,	
Part VI Land, Buildings, and Complete if the organ	Equipment.	l 'Yes' on Forn	n 990. Part IV. line	e 11a. See Form 99	0, Part	X, liı	ne 10
Description of property	(a) Co	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	( <b>d)</b> Bo		
1 a Land							
<b>b</b> Buildings				·			
c Leasehold improvements			311,523.	65,725.		245,	,798
d Equipment			95,170.	93,527.			,643
e Other			50,163.	47,966.			<u>, 197</u>
Total. Add lines 1a through 1e. (Colum	nn (d) must equal Fo	orm 990, Part X, c	column (B), line 10c.).				,638
BAA				Sched	lule D (For	m 990	) 2019

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Part VII Investments — Other Securities.  Complete if the organization answered		N/A ), Part IV, line 11b. See Form 990	, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ar market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H) 			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related.		N/A _ = = 000	2 D - I V II:- 12
Complete if the organization answered	d 'Yes' on Form 99	0, Part IV, line 11c. See Form 990	), Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		· · · · · · · · · · · · · · · · · · ·	
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).			
Part IX Other Assets.	N/A	A	O Dort V line 15
Complete if the organization answere	ed 'Yes' on Form 99 escription	90, Part IV, line 11d. See Form 99	(b) Book value
(1)			
(2)			
(3)		W. Carlotte	
(4)			
(6)			
(7)			
(8)			
(9)			
(10)	- 15 \	<b>&gt;</b>	
Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.			
Complete if the organization answered 'Yes' or	Form 990, Part IV, line scription of liability	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
1. (a) Federal income taxes			3,601,723.
(2) RIGHT OF USE LIABILITY			5,001,125
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
(11)			2 601 722
(5) (5)			3,601,723
			nability for uncertain
2. Liability for uncertain tax positions. In Part XIII, provide the text of the tax positions under FASB ASC 740. Check here if the text of the footnote	has been provided in rait An	1	dule D (Form 990) 2019
DAA	TEEA3303L 8/22/19	Sche	

Part XI Reconciliation of Revenue per Audited Financial Statements Wit	th Revenue per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV	, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		9,064,770.
and the state of t		
a Net unrealized gains (losses) on investments.		
b Donated services and use of facilities	1949	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
e Add lines 2a through 2a	3	9,064,770.
3 Subtract line 2e from line 1		<u> </u>
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
h Other (Describe in Part XIII.)	4c	
c Add lines 4a and 4b	5	9,064,770.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	11th Evnonces per Retu	
Part XII Reconciliation of Expenses per Audited Financial Statements W	Atti Expenses per neta	1111
Complete if the organization answered 'Yes' on Form 990, Part I'	v, iiie iza.	2,532,248.
1 Total expenses and losses per audited financial statements		2,332,240.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	26	1
3 Subtract line 2e from line 1		2,532,248.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line /b	CLERCH CLERCH	
h Other (Describe in Part XIII.)		
and the second s	40	
<b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	5	2,532,248
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047 **2019** 

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 23-7175191 CENTER FOR INDEPENDENT LIVING

Par	Types of Property	(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art – Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications		7.0		
5	Clothing and household goods		graph 19		
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities – Partnership, LLC, or trust interests.				
12	Securities – Miscellaneous				
	Qualified conservation contribution –				
13	Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate – Residential				
16	Real estate — Commercial		1	60,000.	LEASE VALUE
17	Real estate — Other				
18	Collectibles			NAME OF THE PERSON OF THE PERS	
19	Food inventory				
	Drugs and medical supplies				
20	Taxidermy				
21	Historical artifacts				
22	Scientific specimens				
23					
24	Archeological artifacts				
25	Other► ()				
26	Omei (				
27	\				
28	Other► ( )	1 11 1		ar which the	
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donor	during the ta	x year for contributions it	or which the	. 29
	organization completed Form 8283, Fact 14, Done	SE MONITOWN	sagement		Yes No
<b>30</b> a	During the year, did the organization receive by cont it must hold for at least three years from the date for exempt purposes for the entire holding period	e of the initi	al contribution, and whi	ich ish t required to be	t used
ŀ	If 'Yes,' describe the arrangement in Part II.				
31	Does the organization have a gift acceptance po	licy that req	uires the review of any	nonstandard contribution	ons? 31 X
32	Does the organization hire or use third parties or noncash contributions?	related org	anizations to solicit, pro	ocess, or sell	
ı	of 'Yes,' describe in Part II.				
33	If the organization didn't report an amount in col describe in Part II.	umn (c) for	a type of property for v	vhich column (a) is che	cked,

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

Schedule M (Form 990) 2019

Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

CENTER FOR INDEPENDENT LIVING

Employer identification number 23-7175191

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TAX FORMS ARE PREPARED BASED ON AUDITED FINANCIAL STATEMENTS. THE EXECUTIVE DIRECTOR AND DEPUTY DIRECTOR REVIEW THE DRAFTS OF THE TAX RETURNS. A COPY OF THEN REVIEWED BY THE BOARD PRESIDENT AND FINALLY BY THE FULL BOARD OF DIRECTORS.

THE CONFLICT OF INTEREST POLICY REQUIRES ALL OFFICERS, DIRECTORS AND MANAGERS TO DISCLOSE ANNUALLY IF THEY OR THEIR FAMILY MEMBERS HAVE ANY CONFLICTS WITH ANY ORGANIZATION THAT CIL PAYS OR THAT PAYS CIL. ANY DISCLOSURES OF SUCH CONFLICTS ARE REVIEWED BY THE BOARD PRESIDENT AND THE CONFLICTED PARTY MUST ABSTAIN FROM PARTICIPATION IN DECIDING MATTERS RELATED TO TRANSACTIONS WITH THE OTHER ENTITY. THE POLICY IS BROADER THAN THE STANDARD POLICY PROVIDED BY THE INTERNAL REVENUE SERVICE, IN ITS SCOPE, REGARDING BOTH COVERED PERSONS AND TYPES OF TRANSACTIONS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT WHILE NOT DONE FORMALLY WITH WRITTEN DOCUMENTATION, ANNUALLY, PRIOR TO SETTING THE COMPENSATION OF THE EXECUTIVE DIRECTOR IN THE COURSE OF APPROVING THE ANNUAL BUDGET, THE ORGANIZATION INFORMALLY SURVEYS A NUMBER OF COMPARABLE ORGANIZATIONS. FIRST ARE TWO OR THREE OTHER DYNAMIC INDEPENDENT LIVING CENTERS IN THE REGION, AND NEXT THE HALF-DOZEN OR MORE DISABILITY OR MORE DISABILITY RIGHTS AND SERVICES ORGANIZATIONS WHO SHARE THE ERIC ROBERTS CAMPUS OFFICE BUILDING NAMED AFTER AN EARLY DISABILITY RIGHTS PIONEER. BASED ON THESE COMPARISONS AND BOARD MEMBERS' COMMUNITY EXPERIENCE, AN AMOUNT IS DETERMINED, OFTEN UNCHANGED FROM THE PRIOR YEAR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

CIL PROVIDES A PDF OF THE PUBLIC DISCLOSURE COPY OF ITS THREE MOST RECENT FORMS 990
TO ANY MEMBER OF THE PUBLIC WHO REQUESTS IT AS WELL AS POSTING THEM ON THEIR
WEBSITE. THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVIALABLE IN

Employer identification number 23-7175191

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)

CIL'S MANAGEMENT WOULD CONSIDER ANY REQUEST FOR A COPY OF IT'S ARTICLES OF INCORPORATION, CORPORATE BYLAWS, AND/OR CONFLICT OF INTEREST POLICY ON A CASE BY CASE BASIS, BUT THE DEFAULT POSITION IS TO PROVIDE THE COPIES IN THE INTEREST OF TRANSPARENCY AND OPENNESS. CIL FILES A COPY OF ITS ANNUAL AUDITED FINANCIAL STATEMENTS WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS AT THE TIME IT FILES FORM 990. THE REGISTRY POSTS THE FINANCIAL STATEMENTS ON IT'S PUBLICLY ACCESSIBLE WEBSITE.

#### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
	TOTAL	SERVICES	& GENERAL	RAISING
CONSULTANTS & OUTSIDE SERVICES	356,236.	262,649.	45,053.	48,534.
PAYROLL PROCESSING FEES TOTAL	11,137. \$ 367,373.	8,024. \$ 270,673.	2,409. \$ 47,462.	704.
IOIAL	<del>\$ 301,313.</del>	\$ 210,013.	9 47,402.	<del>y</del> 45,250.

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ► Go to www.irs.gov/Form990 for instructions and the latest information. CENTER FOR INDEPENDENT LIVING Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990)

OMB No. 1545-0047 2019

Open to Public Inspection

Employer identification number 23-7175191 Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) ity Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	Direct co	(f) Direct controlling entity
(1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
(2)							
(3)	-						
		- Arrive				-10	
Part II Identification of Related Tax-Exempt Organizations. Complete if the charteness one or more related tax-exempt organizations during the tax year.	Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it has exempt organizations during the tax vear.	if the organization x vear.	answered 'Yes	on Form 990,	Part IV, line 34,	, because	
Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(f. section 501(c)(3))	atus Direct controlling entity	1	(g) Sec 512(b)(13) controlled entity?
						1	Yes No
(1) CIL/HAAS SUPPORTING FOUNDATION - 2490 MARINER SQUARE LOOP #210 - ALAMEDA, CA 94501	MANAGE ENDOWMENT	<u>,                                    </u>	501 (C) (3)	509(A)(3)	CIL & UC HAAS SCHOOL OF BUSINESS	HAAS OF ESS	×
(2)	T. OIND		(0) (0) 100	2) (22) (20)			
6							
(3)							100100
(4)							
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	ions for Form 990.		TEEA5001L 06/27/19		Sch	Schedule <b>R</b> (Form 990) 2019	າ 990) 2019

Schedule R (Form 990) 2019 CENTER FOR INDEPENDENT LIVING

(f) | Sec 512(b)(13) | controlled entity? (k) Percentage ownership Schedule R (Form 990) 2019 õ **Part IV** Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. on Form 990, Part IV, line 34, Yes (f) General or managing partner? ŝ (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-ofyear assets (h)
Disproportionate
allocations? Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' because it had one or more related organizations treated as a partnership during the tax year. ŝ (f) Share of total income Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct
controlling
entity TEEA5002L 06/27/19 (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct
controlling
entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (a) (a) Name, address, and EIN of related organization (b) Primary activity (a) ne, address, and EIN of related organization Part Name, BAA **E** Ø ල 8 ଷ୍ଟ <u>@</u>

# Schedule R (Form 990) 2019 CENTER FOR INDEPENDENT LIVING

ed Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.
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and the state of t		The second secon	Yes	S
Note: Complete line I if any entity is listed in Parts II, III, or IV of the following	d in Parts II-IV?		}	
Dulling the tax year, and the digamization engage in any or are forest			7	×
a Receipt of (I) interest, (II) annuities, (III) royalites, or (IV) relit from a controlled energy				: >
<b>b</b> Gift, grant, or capital contribution to related organization(S)				4
c. Giff. grant, or capital contribution from related organization(s)			၂၀	×
one or least anomalese to or for related organization(c)			19	×
d Coalls of loal gaarantees to or to related organization of			_	<b> </b> >
e Loans or loan guarantees by related organization(s)			บ -	◁
f Dividends from related organization(s).			<u>+</u>	×
Calo of accore to related organization(s)				×
Sale of assets to felated of galization (s)			2-	×
h Purchase of assets from related organization(s)				4 ;
i Exchange of assets with related organization(s)			=	×
i Lease of facilities, equipment, or other assets to related organization(s)			<b>-</b>	×
k Lease of facilities, equipment, or other assets from related organization(s)			1k	×
Performance of services or membership or fundraising solicitations for related organization(s)			11	×
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	×
Sharing of facilities equipment mailing lists or other assets with related organization(s).			1n	×
Chairm of soid amplained with related exception(s)			10	×
o Sharing of paid employees with related organization(s)				
			-	>
p Reimbursement paid to related organization(s) for expenses			2 ,	4 :
<b>q</b> Reimbursement paid by related organization(s) for expenses			<u>Б</u> -	$\times$
r Other transfer of cash or property to related organization(s)			1r	×
Other transfer of cash or property from related organization(s)				×
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, include	I relationships and trans	saction thresholds.		
1	(g)	(3)	(g)	
(a) Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	nining ed
			:	
(4)				
(5)				
G.				
(5) TEFA5003 06/27/19		Sche	Schedule R (Form 990) 2019	2019
וברייספסבר				

23-7175191

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

		₹	3		(8)	(H)	(	(	(3)
Name, address, and EIN of entity Primary activity	ity Legal domicile (state or foreign	Predominant income	Are all partners section	Share of total income	Share of end-of-year	Dispropor- tionate	Code V-UBI amount in box	General or managing	or Percentage ownership
	country)	(related, unre- lated, excluded from tax under	501(c)(3) organizations		assets	allocations	20 of Schedule K-1 (Form 1065)	partner	
		sections 512-514)	Yes No			Yes No		Yes	No
<u>(1)</u>									
(2)									
(3)									
(4)						****			· · · · · · · · · · · · · · · · · · ·
(5)		The second secon							
· (9)									
<u></u>									
									<del></del>
(8)									
ВАА		11	TEEA5004L 06/27/19	61/2			Schedu	ule <b>R</b> (For	Schedule R (Form 990) 2019

Provide additional information for responses to questions on Schedule R. See instructions.

019	CALIFORNIA WORKSHEETS	PAGE <sup>2</sup>
	CENTER FOR INDEPENDENT LIVING	23-717519
LATE PAYMENT PENALTY (F	FORM 109)	
TAX DUE		
MONTHLY PENALTY 5% PENALTY		0.
LATE PAYMENT PENALTY		

# 2019 Exempt Org. Return prepared for:

CENTER FOR INDEPENDENT LIVING 2490 MARINER SQUARE LOOP Suite # 210 ALAMEDA, CA 94501

> MAZE & ASSOCIATES 3478 BUSKIRK AVE STE 215 PLEASANT HILL, CA 94523

2019 FEDERAL EXEMPT ORGANI	ZATION TAX	SUMMARY	PAGE 1
2019 FEDERAL EXEMPT ORGAN			23-7175191
		_	הודר
	2019	2018	DIFF
REVENUE CONTRIBUTIONS AND GRANTS. PROGRAM SERVICE REVENUE INVESTMENT INCOME OTHER REVENUE	8,496,414 16,432 549,067 2,857	2,483,068 29,000 -1,278 527	6,013,346 -12,568 550,345 2,330
TOTAL REVENUE	9,064,770	2,511,317	6,553,453
EXPENSES SALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	1,333,785 1,198,463	1,409,152 1,080,196	-75,367 118,267
TOTAL EXPENSES	2,532,248	2,489,348	42,900
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES TOTAL ASSETS AT END OF YEAR TOTAL LIABILITIES AT END OF YEAR NET ASSETS/FUND BALANCES AT END OF YEAR.	6,532,522 12,610,143 5,208,371 7,401,772	21,969 2,287,267 1,048,603 1,238,664	6,510,553 10,322,876 4,159,768 6,163,108

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## **CALIFORNIA 199 TAX SUMMARY**

### PAGE 1

#### CENTER FOR INDEPENDENT LIVING

23-7175191

	2019	2018	DIFF
REVENUE  GROSS AMOUNT FROM SALE OF ASSETS  OTHER INCOME  GROSS CONTRIBUTIONS, GIFTS, & GRANTS	449,282 119,074 8,496,414	28,249 2,483,068	449,282 90,825 6,013,346
TOTAL INCOME	9,064,770	2,511,317	6,553,453
EXPENSES AND DISBURSEMENTS  COMPENSATION OF OFFICERS, ETC OTHER SALARIES AND WAGES. INTEREST TAXES. RENTS. DEPRECIATION AND DEPLETION. OTHER DEDUCTIONS	124,641 951,761 716 100,068 395,669 85,030 874,363	237,731 958,740 757 93,107 389,640 41,497 767,876	-113,090 -6,979 -41 6,961 6,029 43,533 106,487
TOTAL DEDUCTIONS	2,532,248	2,489,348	42,900
EXCESS OF RECEIPTS OVER DISBURSEMENTS	6,532,522	21,969	6,510,553
FILING FEE FILING FEE BALANCE DUE	10 10	10 10	0

2019

#### **GENERAL INFORMATION**

PAGE 1

#### CENTER FOR INDEPENDENT LIVING

23-7175191

#### FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH M, SCH O, SCH R, 8868 CALIFORNIA: 199, SCH B, 3539, 3586, 8453-EO, E-FILE INSTRUCTIONS, RRF-1

#### **CARRYOVERS TO 2020**

NONE

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	quest must be sent to the inclining and non-profits de-file-providers/e-file-for-charities-and-non-profits common textension of Time. Only subm	امطنمنات عال	(no copies needed).		
utomatio	c 6-Month Extension of Time. Only Submons required to file an income tax return other that the request an extension of time to file income	n Form 990	-T (including 1120-C filers), partnerships	, REMICs, and t	rusts must
l corporati se Form 70	ons required to file an income tax return other the 004 to request an extension of time to file income Name of exempt organization or other filer, see instructions.	tax returns.		Taxpayer identificatio	number (TIN)
	Marile of exempt organization			00 7175101	
ype or rint	CENTER FOR INDEPENDENT LIVING			23-7175191	
	Number, street, and room or suite number. If a P.O. box, see in	structions.			
le by the ie date for	2490 MARINER SQUARE LOOP # 210	)	stions		
ing your turn. See	City, town or post office, state, and ZIP code. For a foreign add	gioria.			
structions.	ALAMEDA, CA 94501				01
· 1 Ha a D	ALAMEDA, CA 94501  teturn Code for the return that this application is for	or (file a sep	parate application for each return)		···· [OI
nter the R	return code for the return and	1	Application		Return Code
Application	1	Return Code	Is For		07
s For		01	Form 990-T (corporation)		08
	or Form 990-EZ	02	Form 1041-A		09
orm 990-F		03	Form 4720 (other than individual)		10
	(individual)	04	Form 5227		11
orm 990-1	T (section 401(a) or 408(a) trust)	05	Form 6069		12
-orm 990-	(Section 401(a) of 11-17)	06	I Corm 097()		
Form 990-	T (trust other than above)  oks are in the care of ► STUART JAMES		Form 8870		. □
<ul> <li>The bo</li> <li>Teleph</li> <li>If the check</li> </ul>	T (trust other than above)  oks are in the care of ► STUART JAMES  one No. ► (510) 841-4776  organization does not have an office or place of b is for a Group Return, enter the organization's for this box ► If it is for part of the group,	Fax Nusiness in t	o. Pne United States, check this box	f this is for the values and TINs o	
<ul> <li>The bo</li> <li>Teleph</li> <li>If the control</li> <li>If this check</li> </ul>	T (trust other than above)  oks are in the care of ► STUART JAMES  one No. ► (510) 841-4776  organization does not have an office or place of b is for a Group Return, enter the organization's for this box ► . If it is for part of the group,	Fax Nusiness in the digit Ground Check this	o. ► ne United States, check this box p Exemption Number (GEN) . I	ames and TINs o	vhole group, of all members
<ul> <li>The bo</li> <li>Teleph</li> <li>If the check</li> <li>the ex</li> </ul>	T (trust other than above)  oks are in the care of ► STUART JAMES  one No. ► (510) 841-4776  organization does not have an office or place of b is for a Group Return, enter the organization's for this box ► . If it is for part of the group, stension is for.	Fax Nusiness in the digit Ground check this	ne United States, check this box	ames and TINs o	vhole group,  of all members
<ul> <li>The bo</li> <li>Teleph</li> <li>If the check</li> <li>the ex</li> </ul>	T (trust other than above)  oks are in the care of ► STUART JAMES  one No. ► (510) 841-4776  organization does not have an office or place of b is for a Group Return, enter the organization's for this box ► . If it is for part of the group, stension is for.  quest an automatic 6-month extension of time until the organization named above. The extension is for	Fax Nusiness in the digit Ground check this	ne United States, check this box	ames and TINs o	vhole group, of all members
<ul> <li>The bo</li> <li>Teleph</li> <li>If the check</li> <li>the ex</li> </ul>	T (trust other than above)  oks are in the care of ► STUART JAMES  one No. ► (510) 841-4776  organization does not have an office or place of b is for a Group Return, enter the organization's for this box ►	Fax Nusiness in the check this	p. ►  ne United States, check this box  p Exemption Number (GEN)  box ► and attach a list with the na  , 20 21 , to file the exempt organ  ization's return for:	ames and TINs o	vhole group, of all members
<ul> <li>The bo</li> <li>Teleph</li> <li>If the check</li> <li>the ex</li> <li>1 rector for for for for for for for for for f</li></ul>	oks are in the care of ► STUART JAMES  one No. ► (510) 841-4776  organization does not have an office or place of b is for a Group Return, enter the organization's for this box ► . If it is for part of the group, stension is for.  quest an automatic 6-month extension of time until the organization named above. The extension is for calendar year 20 or	Fax N usiness in the digit Ground check this $\frac{5/15}{2}$ or the organ	ne United States, check this box	ames and TINs o	whole group, of all members
The bo Teleph If the extended t	T (trust other than above)  oks are in the care of ► STUART JAMES  one No. ► (510) 841-4776  organization does not have an office or place of b is for a Group Return, enter the organization's for this box ► . If it is for part of the group, tension is for.  quest an automatic 6-month extension of time until the organization named above. The extension is for Calendar year 20 or  IX tax year beginning	Fax N usiness in the digit Ground check this $\frac{5/15}{2}$ or the organ	ne United States, check this box	ames and TINs o	vhole group, of all members
The bo Teleph If the check the ex  I rec for the	T (trust other than above)  oks are in the care of ► STUART JAMES  one No. ► (510) 841-4776  organization does not have an office or place of b is for a Group Return, enter the organization's for this box ► . If it is for part of the group, tension is for.  quest an automatic 6-month extension of time until the organization named above. The extension is for  Calendar year 20 or  X tax year beginning 7/01, 2019  ne tax year entered in line 1 is for less than 12 months.	Fax Nusiness in the check this	ne United States, check this box  p Exemption Number (GEN)  p box I and attach a list with the national state of the exempt organization's return for:  ding 6/30, 20 20  reason: Initial return	ames and TINs o	whole group,  If all members
The bo Teleph If the If this check the ex  I I rec for the  If this A light of the	T (trust other than above)  oks are in the care of ► STUART JAMES  one No. ► (510) 841-4776  organization does not have an office or place of b is for a Group Return, enter the organization's for this box ► . If it is for part of the group, tension is for.  quest an automatic 6-month extension of time until the organization named above. The extension is for Calendar year 20 or  X tax year beginning 7/01, 20 19 The tax year entered in line 1 is for less than 12 months application is for Forms 990-BL, 990-PF, 990-TH, 990-TH, 990-PF, 990-TH, 990-TH	Fax Nusiness in the check this	ne United States, check this box	ization return inal return . 3a\$	of all members
The bo Teleph If the If this check the ex  I rec for the  I f this b If this	T (trust other than above)  oks are in the care of ► STUART JAMES  one No. ► (510) 841-4776  organization does not have an office or place of be is for a Group Return, enter the organization's for this box ► . If it is for part of the group retension is for.  quest an automatic 6-month extension of time until the organization named above. The extension is for .	Fax Nusiness in the result of	ne United States, check this box	ization return  inal return	whole group, of all members
The bo Teleph If the ex If this check the ex I rec for the company of the company	T (trust other than above)  oks are in the care of ► STUART JAMES  one No. ► (510) 841-4776  organization does not have an office or place of be is for a Group Return, enter the organization's for this box ► . If it is for part of the group, ottension is for.  Quest an automatic 6-month extension of time until the organization named above. The extension is for a calendar year 20 or or or	Fax Nusiness in the check this check this or the organism on the organism of the check this or the check thi	ne United States, check this box	ization return  inal return  . 3a\$	of all members
Teleph If the extended the exte	T (trust other than above)  oks are in the care of ► STUART JAMES  one No. ► (510) 841-4776  organization does not have an office or place of be is for a Group Return, enter the organization's for this box ► . If it is for part of the group retension is for.  quest an automatic 6-month extension of time until the organization named above. The extension is for .	Fax Nusiness in the check this check this or the organism on the organism of the check this or the check thi	ne United States, check this box	ization return  inal return  . 3a\$	of all members

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

# Form **990**

(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Depart	men	t of the	ne Treasury e Service	► Go to www.irs.gov/Form990 for instructions and the latest morning 7 / 01 , 2019, and ending	6/30		,	2020
Δ Ε	or	the	2019 calend	dar year, or tax year beginning 7/01 , 2019, and ending	0, 30 D	Employer	identific	ation number
			- U blos	C		23-7	17519	91
ь				CENTER FOR INDEPENDENT LIVING	E	Telephon	e number	
	Н			2490 MARINER SQUARE LOOP # 210	-			1-4776
	Н		Change	ALAMEDA, CA 94501	_	(310	) 04.	1 1770
	-		return				ბ	9,064,770.
	$\vdash$		eturn/terminated		Is this a gr	Gross red	ter subsi	
	-		nded return	F Name and address of principal officer:	Is this a gr	oup return	TOL SUDO	H
		Appli	ication pending		Are all sub	ordinates ach a list.	(see inst	ructions)
				SAME AS C ADOVE (insert no.) 4947(a)(1) or 527				
Ī	T	ax-ex	empt status:	X 501(c)(3) 501(c) ( ) (most may 1	Group exe	mption nu	mber -	
J	٧	Vebs	site: ► Ww	W. THECIL. ORG    Value   Association   Other   L Year of formation:	1972	M s	tate of leg	gal domicile: CA
K	F	orm c	of organization:	X Corporation Trust Association Street				
Pa	rt		Summai	ry  Tibe the organization's mission or most significant activities: CENTER FOR The Property of	INDEPE	ENDEN	L TI	ING (CIL)
	1	E	Briefly descr	ibe the organization's mission or most significant activities: CENTER FOR - ibe the organization's mission or most significant activities: CENTER FOR - S SERVICES, SUPPORT AND ADVOCACY TO ENHANCE THE F S SERVICES, SUPPORT AND ADVOCACY TO ENHANCE THE F S SERVICES, SUPPORT AND ACTIVELY PARTICIPATE IN THEIR	RIGHTS	AND	ABIL	ITIES OF
4			PROVIDES	S SERVICES, SUPPORT AND ADVOCACY TO ENHANCE THE F WITH DISABILITIES TO ACTIVELY PARTICIPATE IN THEI	R COM	LINDW	IES_	AND TO LIVE
2			PEOPLE V	WITH DISABILITIES TO RELIVED TO BE TO THE DISABILITIES TO RELIVED TO THE DISABILITIES TO THE DISABILITY OF THE DIS				
Па			SELF-DE'	TERMINED LIVES or disposed of more	than 259	% of its	net ass	sets.
Ş	1	2 (	Check this b	if the organization discontinued its operations of disposed of more operations of the governing body (Part VI, line 1a)				9
Ğ		3	Number of v	voting members of the governing body (Part VI, line 1a)			5	31
Activities & Governance		4	Number of I	ndependent voting members of the governing body (cart vi, line 2a)er of individuals employed in calendar year 2019 (Part V, line 2a)			6	0
ii:		5	Total number	er of individuals employed in calendar year 2019 (Part V, line 2a)er of volunteers (estimate if necessary)			7a	0.
i,		6	Total number	er of volunteers (estimate if necessary)			7b	0.
ă		/a	Not uprolate	ed business revenue from Part VIII, column (6), into 12ed business taxable income from Form 990-T, line 39		or Year	1	Current Year
	+				2	, 483,		8,496,414.
	1	_	Contribution	ns and grants (Part VIII, line 1h)	۷,	20	000.	16,432.
<u>a</u>		8	Drogram se	ns and grants (Part VIII, line III)			278.	549,067.
enr	١.						527.	2,857.
Revenue					2	,511,		9,064,770.
		12				1011		
_	$\rightarrow$	13		La moid (Dart IX Collimn (A), III to 1-5)				
		14			1	,409,	152	1,333,785.
	- 1			mployee henetits (Part IX, Column VV), into		,407,	104.	
	2	15	Salarios, o	al fundraising fees (Part IX, column (A), line 11e)				
	Expenses			(Dort IV column (D) line 25) 132, 204.				100 160
	χ b	b	Total fund	raising expenses (Part IX, column (D), line 25)  192,284.  enses (Part IX, column (A), lines 11a-11d, 11f-24e)		,080,		
ı	ш	17	Other expe	enses (Part IX, column (A), lines 112-114, 111 219, 111 219, 112 enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2	,489,	348.	2,532,248.
	-	18	Total expe	enses. Add lines 13-17 (must equal Fart IX, column ( y) mas y			,969.	
		19	Revenue I	ess expenses. Subtract line 18 from line 12	Beginnin	ng of Curi	rent Yea	r End of Year
-	5 8 6					2,287	,267.	12,610,143.
	lanc	20	Total asse	ets (Part X, line 16)lities (Part X, line 26)	1	L,048	,603	5,208,371.
	Ba	21	Total liabi	lities (Part X, line 26)		1,238	,664	7,401,772.
	E E	22	Net assets	s or fund balances. Subtract line 21 from line 20				
	Pa	rt II	Signa	ture Block	the hest of	mv knowle	edge and	belief, it is true, correct, and
Ш	Indo	r nen	alties of periury	ture Block  7, I declare that I have examined this return, including accompanying schedules and statements, and to preparer (other than officer) is based on all information of which preparer has any knowledge.	(no boot or	,		
Č	comp	olete.	Declaration of	preparer (other than officer) is based off all information		-		1 / /
-					D	ate		
	Siç	ın	Sig	gnature of officer	EXEC	UTIVE	E DIR	RECTOR
	He		S	TUART JAMES				
			Ту	/pe or print name and title Date		Check	if	PTIN
			Print/T	Preparer's name Preparer's signalate	150	self-em	ployed	P01809278
	D-	ام:	PET	ER MEDINA, EA				
	Pa			MAZE & ASSOCIATES		Firm's	EIN ► (	94-2590179
	He	se C		3478 BUSKIRK AVE STE 215		Phone	no. 92	25-930-0902
								X Yes No
	- A	11-	o IDS discu	PLEASANT HILL, CA 94523  ss this return with the preparer shown above? (see instructions)  TE		1/21/20		Form <b>990</b> (2019
	Ms	ıy th	e ino discu	TE	EAUIUIL 0	11/2/1/20		,

Part IV Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ Schedule A..... Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... 2 X 3 Χ 4 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, Part III...... 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, X 6 Part I..... Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If 'Yes,' complete Schedule D, Part II*................. Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' Χ 8 complete Schedule D, Part III...... Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V...... Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI..... X 11 a **b** Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Χ assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII ...... 11 b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Χ assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII..... 11 c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX..... X 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . . 11 e 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... Χ 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a Schedule D. Parts XI and XII.... b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes.' and Χ 12b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 14a Did the organization maintain an office, employees, or agents outside of the United States?..... Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. 14b Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV....... Χ 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV..... 16 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)...... Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II..... Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19 complete Schedule G, Part III..... X 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... 20b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 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...... X 21

rm 990	(2019) CENTER FOR INDEPENDENT LIVING 25 (2019)	Yes	No
00-00-0	Chacklist of Required Schedules (Common)	163	-
Dic	the organization report more than \$5,000 of grants of other additional desired by the control of	22	X
col	umn (A), line 2: " Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	23	Х
an Sc	hedule J \$100,000 as of	24a	X
4a Die th	If the organization have a tax-exempt bond issue with an outstanding of the organization have a tax-exempt bond issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and a last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and a last day of the year of tax-exempt bonds beyond a temporary period exception?	24b	
. ~	the organization invest any proceeds of tax over-the	24c	
		24d	+-
aı	by tax-exempt bonds		Х
25 a S	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organizations are secured to supplie a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	<u> </u>
tr b ls	the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete	25b	Х
26	of the darisated of the control of these persons? If 'Yes,' complete Schedule L, Part II	26	X
1	or family member of any of these persons? If 'Yes, complete Schedule's		
•	momber or to a 35% controlled entity (including an employee thereof) or taking	27	7
	Was the organization a party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with the following party to a business transaction with the following party to a business transaction with the following party transaction with the follow	28a	
		28b	
b	A family member of any individual described in line 28a: If the contributions described in lines 28a or 28b? If	28c	
	individuale applied to the control of the control o	29	Х
29	Did the organization receive more than \$25,000 in the state of the organization receive more than \$25,000 in the organization received more than \$25,000 in the organization receiv	. 30	
30	Did the organization receive contributions of art, historical treasures, or standard contributions? If 'Yes,' complete Schedule M		
31	Did the organization liquidate, terminate, or dissorve and desired	. 32	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 7e3, complete Schedule N, Part II	. 33	
33	Did the organization own 100% of an entity disregards the organization own 100% of an entity disregards and 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	34	Х
34			+
		35b	
55	b If 'Yes' to line 35a, did the organization receive any payment from Schedule R, Part V, line 2		-
36	Section 501(c)(3) organizations. Did the organization financially like Schedule R. Part V, line 2		
3	Did the organization conduct more than 5% of its activities tillough an orthogonal complete Schedule R, Part VI		X
3	B Did the organization complete Schedule O and provide explanations in observations are supplied to complete Schedule O		
P	Note: All Form 990 filers are required to complete Schedule Ormpliance  art V 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
_	acas 5 Aca 0 if not applicable 1a		
	1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  TEEA0104L 07/31/19	···· <u> </u>	1 c X orm <b>990</b>
	c Did the organization compy (gambling) winnings to prize winners?	FC	אננו אפט

*	23-7175191	Pa	age <b>5</b>
orm 990 (2	TOR THREDENDENT LIVING		
Part V	Statements Regarding Other IRS Filings and Tax Compilation (community)	Yes	No
2000000			
	the number of employees reported on Form W-3, Transmittal of Wage and Tax State- the number of employees reported on Form W-3, Transmittal of Wage and Tax State- 2 a 31 2		
2 a Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2a 31  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of Wage and Tax State  2 in the number of employees reported on Form W-3, Transmittal of	b X	
ment	S. Illed for the caloridan y		
<b>b</b> If at I	east one is reported on line 2a, did the organization file all required fodestards and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)  If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)  3	а	X
Note	east one is reported on the East, and 2a is greater than 250, you may be required to e-file (see instructions)  If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3  The organization have unrelated business gross income of \$1,000 or more during the year?	b	
3 a Did t	ne organization have unrelated business gross income of \$1,000 or more during the year.  3  4  has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0		
<b>b</b> If 'Yes	has it filed a Form 990-1 for this year. If the organization have an interest in, or a signature or other authority over, a	а	X
	time during the calendar year, did the organization have an interest in, or a signature or other authority over, a y time during the calendar year, did the organization have an interest in, or a signature or other authority over, a y time during the calendar year, did the organization have an interest in, or a signature or other authority over, a citizen account in a foreign country (such as a bank account, securities account, or other financial account)?		
b If 'Ye	es,' enter the name of the foreign country ses,' enter the name of	5 a	X
See	instructions for filing requirements for Filiocity of the tax shelter transaction at any time during the tax year?	5 b	X
	the avganization a party to a promined tax shorts.	5 C	
h Did	any taxable party notity the organization that it was again Ta	-	+
c If 'Y	es,' to line 5a or 5b, did the organization life form 3000 the greater than \$100,000, and did the organization	6.0	X
6 a Doe	s the organization have annual gross receipts that are normally greater than the organization have annual gross receipts that are normally greater than the organization have annual gross receipts that are normally greater than the organization have annual gross receipts that are normally greater than the organization have annual gross receipts that are normally greater than the organization have annual gross receipts that are normally greater than the organization have annual gross receipts that are normally greater than the organization have annual gross receipts that are normally greater than the organization have annual gross receipts that are normally greater than the organization have annual gross receipts that are normally greater than the organization have a supplied to the organization of the organization o	6 a	+
5011	es,' did the organization include with every solicitation an express statement that such contributions or gifts were	6 b	
b If 'Y	es, ' did the organization include with every solicitation an express statement that such contributions or gitts were tax deductible?		
_ ^	existings that may receive deductible contributions and		X
	to a summent in excess of \$75 illade partly do a series	7 a	
		7 b	
	and the second profit of the dollor of the value of the second profit of		X
D.1.	the proprietion sell, exchange, or otherwise dispose	7 c	
		_	X
	Was Lindigate the number of Forms 6262 filed during way	7 e	$\frac{1}{X}$
a Die	the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?	7 f	
(D)	the organization, during the year, pay promumer and the organization file Form 8899	7 g	
	E contribution of qualified involved	79	
g " as	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h	
F	the organization received a contribution of ears, beats, and 1098-C?	8	
8 S	consoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.		
01	ponsoring organizations maintaining donor advised funds.	9 a	
9 S	ponsoring organizations maintaining donor advised funds.  id the sponsoring organization make any taxable distributions under section 4966?  id the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	
a D	id the sponsoring organization make any taxable distributions under section 4966? id the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
b D	id the sponsoring organization make a distribution of the sponsoring organization organ		
10 S	ection 501(c)(7) organizations. Enter:	1	
a li	ection 501(c)(7) organizations. Enter:  initiation fees and capital contributions included on Part VIII, line 12	1	
h (	Gross receipts, included on Form 990, Fait VIII, III 9-1-		
11 9	Section 501(c)(12) organizations. Enter	1	
a (	Gross income from members of stratefolders		
		12a	
- ;	Gross income from other sources (Do Hot Het amounts)  against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Section 4947(a)(1) non-exempt of tay-exempt interest received or accrued during the year		
12 a	Section 4947(a)(1) non-exempt chartable trustor to an accrued during the year	- 1	
	trives lanter the amount of tax-exempt	13a	
13	Section 501(c)(29) qualified nonprofit fleating the plane in more than one state?	130	
а	Is the organization licensed to issue qualified the background must report on Schedule O.		
	Is the organization licensed to issue qualified health plans in more than the organization must report on Schedule O.  Note: See the instructions for additional information is required to maintain by the states in		
b	Enter the amount of reserves the organization is licensed to issue qualified health plans	111-	X
	- I the amount of reserves of figures and the second of th	. 14a	
1 <b>4</b> a	Did the organization receive any payments to masses the provide an explanation on Schedule U	. 14b	
1-7 C	the sit filed a Form 720 to report those page.	1	>
Ε.	If 'Yes,' has it filed a Form 720 to report these payments? If 'No, provide an \$1,000,000 in remuneration or Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  Schedule N.	. 15	
	avocc parachile udvillent(5) dames		
	excess parachute payment(s) during the section 4968 excise tax on net investment income?  If 'Yes,' see instructions and file Form 4720, Schedule N.	16	
	If 'Yes,' see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		1
16	If 'Yes,' complete Form 4720, Schedule O.  TEEA0105L 07/31/19	Fori	n <b>990</b> (20

Page 6 23-7175191 Form 990 (2019) CENTER FOR INDEPENDENT LIVING Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year.....

If there are material differences in voting rights among members
of the governing body, or if the governing body delegated broad
outbority to an executive committee or similar committee. 9 authority to an executive committee or similar committee, explain on Schedule O. 9 **b** Enter the number of voting members included on line 1a, above, who are independent . . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee?..... Did the organization delegate control over management duties customarily performed by or under the direct supervision Χ of officers, directors, trustees, or key employees to a management company or other person?..... 3 Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed?..... X 5 X 6 Did the organization have members or stockholders?.... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ 7 a members of the governing body?.... **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7 b stockholders, or persons other than the governing body?.... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by X 8 a the following: **b** Each committee with authority to act on behalf of the governing body?..... X 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... Χ 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... SEE, SCHEDULE O. 12c Х 13 Did the organization have a written whistleblower policy?..... Х 13 X 14 Did the organization have a written document retention and destruction policy?..... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a Х 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16 a taxable entity during the year?.... b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) X Upon request Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records ▶ ALAMEDA CA 94501-1024 (510) 841-4776 STUART JAMES 2490 MARINER SQUARE LOOP SUITE 210

## Form 990 (2019) CENTER FOR INDEPENDENT LIVING

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

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

# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a 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.

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

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

X Check this box if neither the organization nor any relate	id Organiza		00111	(C)			T			
(A) Name and title	(B) Average hours	Posi than is	tion ( one l both dire	do no box, t an of ector/f	ot che unless fficer truste	ck mor s perso and a e)	re on	(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
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	the organization and related organizations
(1) STUART JAMES EXECUTIVE DIRECTOR	37.5					Х		124,641.	0.	0.
(2) MELISSA MALE PRESIDENT		Х		Х				0.	0.	0.
(3) CALEB VAN DOCTO VICE PRESIDENT	$-\frac{1}{0}$	Х		Х				0.	0.	0.
(4) ANNA BASALLAJE MEMBER		X						0.	0.	0.
(5) ERIC BROQUE TREASURER		X		Х				0.	0.	0.
(6) PETER Y. SUSSMAN MEMBER		X						0.	0.	0.
(7) SHERRI RITA MEMBER	$-\frac{1}{0}$	Х						0	. 0.	0.
(8) OWEN KENT MEMBER	$-\frac{1}{0}$	X						0	. 0	0.
(9) EDWARD A. OLSEN MEMBER		- X						0	. 0	0.
(10) JOSH HALSTEAD MEMBER	$-\frac{1}{0}$	_ X						0	. 0	0.
(11)		-								
(12)		-								
(13)		-						,		
(14)		-								Form <b>990</b> (2019)

Par	VII Section A. Officers, Directors, Tru	istees, I	Key	Em	ıplo	oye	es, a	anc	l Highest Com	pensated Emp	loyees (continued)
		(B)			((						
	<b>(A)</b> Name and title	Average hours per	box.	, unle	ess pe	erson	than is botl or/trus	n an l	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount
		week							the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	of other compensation from
		hours	Individual to	Stilu	Officer	Key employee	ghes	Former	(W-2/1099-WISC)	(***2/1099-141130)	the organization and related
		related organiza	ector dual	ion	4	殼	st co	35			organizations
		below	trus	2		yee	mpe				
		dotted line)	ee	Institutional trustee			Highest compensated employee				
							ă.				
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
				_	L	_	<u> </u>				
(24)											
(25)											
	Subtotal								124,641.	0	
	Total from continuation sheets to Part VII, Secti								0.	0	
d	Total (add lines 1b and 1c)								124,641.	0	
2	Total number of individuals (including but not limited	to those	listed	abo	ve)	who	rece	ivea	more than \$100,00	or reportable corr	ipensation
	from the organization > 1										Yes No
			1.			1	_ ~~	ساما	haat aamnansata	d amplayes	100 110
3	Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	ctor, truste ch individe	ее, к ual	ey e	mp	ioye	e, or	nig	nest compensated		3 X
4											
4	For any individual listed on line 1a, is the sum of the organization and related organizations great	er than \$	150,0	000?	If '	Yes,	' cor	nple	ete Schedule J for		4 X
_	such individual										
5	Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	s,' comple	nsan ete S	che	dule	J f e	or su	ch p	person		5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest comper compensation from the organization. Report comper	nsated inc nsation for	deper the a	nder caler	nt co ndar	ontra vea	ctors r end	s tha ing '	at received more with or within the o	tnan \$100,000 ot rganization's tax ye	ar.
						<u> </u>			(B Description		(C)
	( <b>A)</b> Name and business add	lress							Description	of services	Compensation
				-							
	- Andrew - A										
						,					
2	Total number of independent contractors (including	but not lim	nited	to th	ose	liste	d abo	ove)	who received more	e than	
_	\$100,000 of compensation from the organization							_ '			
						40.4.44					Form <b>990</b> (2019)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (A) Total revenue (B) (C) (D) Related or Unrelated Revenue excluded from tax exempt business revenue under sections function 512-514 revenue 1 a Federated campaigns..... 1 a Contributions, Gifts, Grants and Other Similar Amounts Grants 1 b **b** Membership dues..... c Fundraising events..... 1 c 1 d d Related organizations..... e Government grants (contributions) . . . . 1 e 1,756,065 f All other contributions, gifts, grants, and 6,740,349 1 f similar amounts not included above . . . g Noncash contributions included in 60,000 8,496,414 h Total. Add lines 1a-1f...... **Business Code** Program Service Revenue 16,432 16,432 f All other program service revenue . . . 16,432 g Total. Add lines 2a-2f..... Investment income (including dividends, interest, and 99,785 other similar amounts)..... 99,785 Income from investment of tax-exempt bond proceeds.. > Royalties.... (i) Real (ii) Personal 6 a Gross rents..... **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss)..... (ii) Other (i) Securities 7 a Gross amount from sales of assets 7a 449,282 other than inventory
b Less: cost or other basis 7b and sales expenses c Gain or (loss)..... 449,282 d Net gain or (loss)..... 449,282 449,282 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8b **b** Less: direct expenses...... c Net income or (loss) from fundraising events...... 9 a Gross income from gaming activities. 9 a 9 b b Less: direct expenses...... c Net income or (loss) from gaming activities..... 10 a Gross sales of inventory, less..... 10a returns and allowances 10b **b** Less: cost of goods sold . . . . c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous 2,857 2,857 11a OTHER REV<u>ENUE</u> d All other revenue . . . . . . . e Total. Add lines 11a-11d..... <u>2,857</u> 0. 119,074

449,282

CENTER FOR INDEPENDENT LIVING Form 990 (2019) 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 Part IX Management and (A) Total expenses Program service expenses general expenses Do not include amounts reported on lines expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members..... 7,479. 18,696 Compensation of current officers, directors, 98,466 124,641 trustees, and key employees..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 37,914. 176,710 737,137 951,761 Other salaries and wages..... Pension plan accruals and contributions (include section 401(k) and 403(b) 4,078. employer contributions)..... 34,689 118,548 157,315 9,864. Other employee benefits..... 19,792 70,412 100,068 Payroll taxes..... Fees for services (nonemployees): a Management..... c Accounting..... e Professional fundraising services. See Part IV, line 17. . . f Investment management fees..... 49,238. 47,462 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.5CH. 270,673 367,373. Advertising and promotion ..... 12 Office expenses..... Information technology..... 22,958. 104,225. Royalties.... 268,486. 5,321. 395,669. 3,337. 10,477. Occupancy..... 19,135 16 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... 610. Conferences, conventions, and meetings.... 106 716. Interest 85<u>,030</u>. Payments to affiliates..... 1,262. 85,030 Depreciation, depletion, and amortization . . . 2,293 17,509. 22 21,064 Insurance..... 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... 1,325. 9,441 93,978 33,821. 104,744 5,816 3,415 a EQUIPMENT\_\_ 2,770. 43,052 5,666 31,189 11,531. b HOSTING 39,625 2,960 23,077 4,113. c TELEPHONE 37,568 36,727. d PRINTING AND PUBLICATIONS 43,647. 192,284. 84,487 552,950 e All other expenses..... 1,787,014. 2,532,248 25 Total functional expenses. Add lines 1 through 24e . . 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 ► ☐ if following SOP 98-2 (ASC 958-720).... Form 990 (2019) Form 990 (2019) CENTER FOR INDEPENDENT LIVING

Part X Balance Sheet

0.14	1 L /\	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	727,305.	1	816,572.
	2	Savings and temporary cash investments	34,649.	2	
		Pledges and grants receivable, net		3	1,351,015.
	4	Accounts receivable, net		4	19,587.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
2	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	79,743.	9	88,769.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6.		
	b	Less: accumulated depreciation	8. 193,082.	10 c	249,638.
	11	Investments — publicly traded securities		11	6,530,811.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	3,553,751.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,287,267.	16	12,610,143.
	17	Accounts payable and accrued expenses	140,619.	17	106,929.
	18	Grants payable		18	
	19	Deferred revenue	907,984.	19	1,236,582.
ļ	20	Tax-exempt bond liabilities		20	
တ္	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ë	22	Secured mortgages and notes payable to unrelated third parties		23	***************************************
	23 24	Unsecured notes and loans payable to unrelated third parties		24	263,137.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule		25	3,601,723.
	26	Total liabilities. Add lines 17 through 25		26	5,208,371.
-v		Organizations that follow FASB ASC 958, check here ► X			
8		and complete lines 27, 28, 32, and 33.			
a	27	Net assets without donor restrictions	. 1,238,664.	27	7,401,772.
Ba	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
şţ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances		32	7,401,772.
ou '	33	Total liabilities and net assets/fund balances	2,287,267.	33	12,610,143.

Audit Act and OMB Circular A-133?

Х

X 3 b

Form 990 (2019)

3 a

#### SCHEDULE A (Form 990 or 990-EZ)

Total

#### **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

2019

Open to Public

Inspection Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 23-7175191 CENTER FOR INDEPENDENT LIVING Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (vi) Amount of other (v) Amount of monetary (iv) Is the organization listed (iii) Type of organization (described on lines 1-10 (I) EIN (i) Name of supported organization support (see instructions) support (see instructions) in your governing document? above (see instructions)) Yes (A) (B) (C) (D) (E)

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

Sect	ion A. Public Support						
Caler begir	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,389,982.	1,960,294.	2,680,497.	2,483,068.	8,496,414.	18,010,255.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
-	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
5	Total. Add lines 1 through 3 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)	2,389,982.	1,960,294.	2,680,497.	2,483,068.	8,496,414.	18,010,255.
6	Public support. Subtract line 5 from line 4						18,010,255.
Sec	tion B. Total Support					,	
Cale	ndar year (or fiscal year nning in) ►	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	2,389,982.	1,960,294.	2,680,497.	2,483,068.	8,496,414.	18,010,255.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,270.	8,732.	7,015.	-1,278.	99,785.	117,524.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). SEE TART VI.	2,741,510.	22,667.	2,023.	527.	452,139.	3,218,866.
	Total support. Add lines 7 through 10						21,346,645.
12	Gross receipts from related activ	vities, etc. (see in	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organizatio	n's first, second, th	nird, fourth, or fifth	tax year as a secti	on 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support F	Percentage				<b>P</b>
14	Public support percentage for 20	019 (line 6, colum	n (f) divided by li	ne 11, column (f)	) <i></i>	14	84.37 %
	Public support percentage from						80.76%
	33-1/3% support test—2019. If the and stop here. The organization	i qualifies as a pu	blicly supported of	organization			A
b	33-1/3% support test—2018. If the and stop here. The organization	ne organization di n qualifies as a pu	d not check a box ablicly supported o	k on line 13 or 16 organization	a, and line 15 is 3	33-1/3% or more,	check this box
	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts- s-and-circumstan	and-circumstance ces' test. The org	es' test, check this anization qualifies	s box and <b>stop ne</b> s as a publicly sup	pported organizati	on
	10%-facts-and-circumstances to more, and if the organization organization meets the 'facts-ar Private foundation. If the organ	-meets the 'facts nd-circumstances	and-circumstance test. The organiz	es' test, check this ation qualifies as	s box and <b>stop ne</b> a publicly suppor	ted organization.	► []
18	Private foundation. If the organ	ization did not ch	ech a box on line	10, 100, 100, 176			90 or 990-EZ) 2019

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

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

fails to qualify under the tes	sts listed below, ple	ase complete i a				
Section A. Public Support			<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
O-lander year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(0)			
and membership lees						
any 'unusual drams, J I						
2 Gross receipts from admissions, merchandise sold or services						4
formed or facilities						
turniched in any activity that is						
related to the organization's tax-exempt purpose						
a Ower receipts from activities						
that are not an unrelated trade or business under section 513.						
• Toy royanues levied for the						
either paid to or expended on its behalf.						
The value of services or						
toolities furnished by a						
governmental unit to the organization without charge						
C Total Add lines 1 through 5				+		
- Amounts included on lines I,						
2 and 3 received HOIII						
disqualified persons						
<ul> <li>Amounts included on lines 2 and 3 received from other than</li> </ul>						
" ""It ad parcone inal	l l					
the greater of bollow	ir					
1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line				3 1 2 2 2		
7c from line 6.)						
Section B. Total Support			(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
Calendar year (or fiscal year beginning in)	► (a) 2015	<b>(b)</b> 2016	(6) 2017			
9 Amounts from line 6						
a a come income from interest dividends.	i i					
normante racellell lill securities louris	,					
rents, royalties, and income from similar sources						
L Unrolated business taxable						
income (less section 31)						
taxes) from businesses acquired after June 30, 1975						
- Add lines 10a and 10b						
Not income from unrelated business						
activities not inclined in life low,						
whether or not the business is regularly carried on						
an Other income Do not include	ie (					
in or loce from the sale of						
capital assets (Explain in Part VI.)			_			
13 Total support. (Add lines 9,					U EC	11(0)(3)
10c, 11, and 12.)	to the organ	nization's first, se	econd, third, four	rth, or fifth tax ye	ar as a section of	\(\(\)(\(\))
<ul> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form organization, check this box</li> </ul>	and stop here					
						15 %
Section C. Computation of  15 Public support percentage f	or 2019 (line 8, colu	ımn (f), divided l	by line 13, colun	nn (†))		16 %
15 Public support percentage for Pub	Investment Inc	ome Percent	age			17 %
Coction D. Computation o	I III A C SUIT CITE IVI		u il dhuling 13	a column (f))	1	18 %
						10   17
18 Investment income percent	age from 2010 Och	alla not chack	the hox on line	14, and line 15 is	more than 33-1/2	ization
102 23-1/3% support tests-20	19. If the organization	stan have The	rganization qua	lifies as a publici	y Supportor or s	nan 33-1/3%, and
IS HOU MORE than see		did not check	a box on mic i-	7 01 11110	blidly cumporte	d organization
19a 33-1/3% support tests—20 <sup>-1</sup> is not more than 33-1/3%, b 33-1/3% support tests—20 <sup>-1</sup> line 18 is not more than 33 20 Private foundation. If the o	18. If the organization is the contract of the	ox and stop her	e. The organizat	ion quanties as a	ox and see instru	ctions
line 18 is not more than 33	organization did not	check a box on	line 14, 19a, or	19b, check this b	Schodule A /	Form 990 or 990-EZ) 2019
on Private toundation. If the	> 9 × · · · · · · · · · · · · · · · · · ·		1001 07/02/10		JUHEUUIE A (I	

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 Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (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 and (c) below (if applicable). organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
  - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
  - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in **Part VI**.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**.
  - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*.
  - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding was the organization subject to the excess business nothings rules of section 4943 pecause of section 4943(1) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Ye 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
2
3a
3b
3c
4a
4b
t 4c
5a e 5b
5c   6   6
7
es,' 8
9a
9b
9c
Yes,' 10a
106

· ·	23-7175191	Pa	age <b>5</b>
Schedule A (Form 990 or 990-EZ) 2019 CENTER FOR INDEPENDENT LIVING		T T	
Part IV Supporting Organizations (continued)		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?	the		
11 Has the organization accepted a gift or contribution from any of the following partial states as the organization accepted a gift or contribution from any of the following partial states as the organization accepted in (b) and (c) below, a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, governing body of a supported organization?	11a		
11 (-) above?	<u> </u>	+	
c A 35% controlled entity of a person described in (a) or (b) above: 17,700 to 2,700			
Section B. Type I Supporting Organizations		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' de Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization of the organization had more than one supported organization, describe how the powers to appoint and directors or trustees were allocated among the supported organizations and what conditions or restrictions.	lor remove ions, if any,		
2 Did the organization operate for the benefit of any supported organization other than the support that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how probenefit carried out the purposes of the supported organization(s) that operated, supervised, or controll supporting organization.	oviding such		
Section C. Type II Supporting Organizations		Yes	No
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or main supporting organization was vested in the same persons that controlled or managed the supported or supporting organization was vested in the same persons that controlled or managed the supported or supported or managed.	r trustees nagement of the ganization(s).	1	
Section D. All Type III Supporting Organizations		Ye	s No
Did the organization provide to each of its supported organizations, by the last day of the fifth month organization's tax year, (i) a written notice describing the type and amount of support provided during year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) organization's governing documents in effect on the date of notification, to the extent not previously organization's governing documents in effect on the date of notification, to the extent not previously in the support of the suppo	provided?	1	
the organization maintained a close and continuous working relationship with the each the organization maintained a close and continuous working relationship with the each the organization have a synchetic in the organization of the relationship described in (2), did the organization's supported organization in the organization in the organization organi	significant	3	
The III Functionally Integrated Supporting Organizations	i i i i i i i i i i i i i i i i i i i		
	(see instructions).		
The societies activities Test. Complete line 2 below.			
arganizations Complete into Communications		42.	
b The organization is the parent of each of its supported organizations. Sometimes of the parent of each of its supported organizations. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	vernment entity (see II	istructio	ons).
c The organization supported a governmental supported support		Ţ,	res No
2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organizations and explain how these activities directly furthered their exempt purposes, how the organization determined that these activities substantially all of its activities.	vities constituted		
substantially all of its activities.  b Did the activities described in (a) constitute activities that, but for the organization's involvement, of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part \in the organization's position that its supported organization(s) would have engaged in these activities organization's involvement.		2b	
<ul> <li>Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directo</li> <li>a Did the supported organizations? Provide details in Part VI.</li> </ul>	rs, or trustees of	3a	
a Did the organization have the power to regularly appoint of elect a majority and calculated a power to regularly appoint of elect a majority and calculated each of the supported organizations? Provide details in Part VI.	of each of its	3b	200 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities supported organization exercise in Part VI the role played by the organization in this resupported organizations? If 'Yes,' describe in Part VI the role played by the organization in this resupported organizations?	Schedule A (Form 9	90 or 9	90-EZ) 201

nedule A (Form 990 or 990-EZ) 2019 CENTER FOR INDEPENDENT LI  art V Type III Non-Functionally Integrated 509(a)(3) Supporting	na Urtiailizat	ion	S	Dort VII See
<ul> <li>Type III Non-Functionally Integrated 509(a)(3) Supporting a supporting a supporting a supporting a supporting a supporting or instructions. All other Type III non-functionally integrated supporting or instructions.</li> </ul>	fying trust on N ganizations mu	ov. 2 st co	20, 1970 (explain in implete Sections A t	hrough E.  (B) Current Year
ection A – Adjusted Net Income			(A) Prior Year	(optional)
	1			
1 Net short-term capital gain	2			
2 Recoveries of prior-year distributions	3			
3 Other gross income (see instructions)	4			
4 Add lines 1 through 3.	5			
deplotion		$\vdash$		
<ul> <li>Depreciation and depletion</li> <li>Portion of operating expenses paid or incurred for production or collection of gro income or for management, conservation, or maintenance of property held production of income (see instructions)</li> </ul>	6 7			
7 Other expenses (see instructions)	8	+		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	•	+		(B) Current Year
			(A) Prior Year	(optional)
Section B — Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instruction tax year or assets held for part of year):	s for short			
tax year or assets field for part of year,	1:	а		
a Average monthly value of securities	1	b		
b Average monthly cash balances	1	С		
c Fair market value of other non-exempt-use assets	1	d		
d Total (add lines 1a, 1b, and 1c)				
e Discount claimed for blockage or other factors (explain in detail in Part VI):		2		
Acquisition indebtedness applicable to non-exempt-use assets		3		
n t 11 1d	mount.			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater and instructions)		5		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)		6		
6 Multiply line 5 by .035.		7		
7 Recoveries of prior-year distributions		8		
8 Minimum Asset Amount (add line 7 to line 6)		-		Current Year
Section C — Distributable Amount		1		Current Your
1 Adjusted net income for prior year (from Section A, line 8, Column A)				
		3		
	()			
= 1 and at line 2 or line 3.		4		200
dia prior voar		5		
6 Distributable Amount, Subtract line 5 from line 4, unless subject to cri	nergency	6	4 Time III cupporting	organization
temporary reduction (see instructions).  Check here if the current year is the organization's first as a non-fit (see instructions).	unctionally integ	rate	Schedule	) organization A (Form 990 or 990-EZ)

Part V Type III Non-Functionally Integrated 509(a)(3) St	apporting Organizat	ions (continuea)	
Section D — Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pu	irposes		ALLEY AND THE STATE OF THE STAT
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of s	upported organizations		
4 Amounts paid to acquire exempt-use assets			40-40-40-40-40-40-40-40-40-40-40-40-40-4
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.			
8 Distributions to attentive supported organizations to which the organizat in Part VI). See instructions.	ion is responsive (provide o	details	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			The state of the s
<b>a</b> From 2014			
<b>b</b> From 2015			Barrier W.
<b>c</b> From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			F101 2
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			100
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			The second second
a Excess from 2015			Art Tolker
b Excess from 2016			
c Excess from 2017		2 2 2 2 3 3	
d Excess from 2018			
e Excess from 2019			Transaction of the second

BAA

Schedule A (Form 990 or 990-EZ) 2019

23-7175191

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	 2019	 2018	 2017	 2016	2015
MISCELLANEOUS & OTHER SUBLEASE GAIN ON SALE OF BUILDIN LOSS ON SALE OF ASSETS SETTLEMENT WITH RETAILE	2,857.	\$ 527.	\$ 2,023.	\$ 4,300. -11,633. 30,000.	\$ 4,213. 89,967. 2,647,330.
REALIZED GAIN TOTAL	\$ 449,282. 452,139.	\$ 527.	\$ 2,023.	\$ 22,667.	\$ 2,741,510.

### Schedule B

(Form 990, 990-EZ, òr 990-PF)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Name of the organization 23-7175191 CENTER FOR INDEPENDENT LIVING Organization type (check one): Section: Filers of: (enter number) organization X 501(c)( 3 ) Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or

990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

			1 1 Page <b>2</b>
chedule E	3 (Form 990, 990-EZ, or 990-PF) (2019)	Employer I	dentification number
ame of organ	FOR INDEPENDENT LIVING		10101
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
	CIL/HAAS SUPPORTING FOUNDATION  2490 MARINER SQUARE LOOP #210	 \$\$46,560.	Person X Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	ALAMEDA, CA 94501 (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash  (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.)  (d)  Type of contribution
		\$	Person Payroll Noncash (Complete Part II for
			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
	TEEA0702L 08/09/19	Schedule B (Fo	m 990, 990-EZ, or 990-PF) (2019)

Employer identification number

# CENTER FOR INDEPENDENT LIVING

23-7175191

rt II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	(c)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
	N/A		
	(b)	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(See instructions.)	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		-	
(a) No	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(a) No		(c) FMV (or estimate) (See instructions.)	(d) Date received
Part			
	(b)	(c) FMV (or estimate) (See instructions.)	(d) Date receive
(a) N froi Par	n	(See instructions.)	
		  \$	
		Schedule B (Form 990, 99	0-EZ, or 990-PF) (2

schedule B (Form 9	990, 990-EZ, or 990-PF) (2019)		1 1	Page 4
ame of organization			Employer identification num 23-7175191	nper
eart III Exclusion (10)	that total more than \$1,000 for the	e <b>year from any one contributo</b> ll apleting Part III, enter the total of Enter this information once. See in	tions described in section 501(c)(7	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld
N/A				
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of transferor to transferee	e 
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is he	eld
Part I				
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transfere	e 
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	neld
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transfere	ee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transfer	 ee
			Schedule B (Form 990, 990-EZ, or 990-P	 F) (201

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

► 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 Employer identification number Name of the organization 23-7175191 CENTER FOR INDEPENDENT LIVING Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 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 No are the organization's property, subject to the organization's exclusive legal control?..... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat 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 2 a a Total number of conservation easements..... c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... 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 ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) ▶\$ and section 170(h)(4)(B)(ii)?.... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. conservation easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, in the organization elected, as permitted under FASD ASC 356, 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. b If the organization elected, as permitted under FASB 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

Part III Organizations Maintain						<i>=u)</i>
3 Using the organization's acquisition, a items (check all that apply):	ccession, and other	records, check any	of the following that make	ke significant use of its co	ollection	
a Public exhibition		d Loan or	exchange program			
b Scholarly research		e Other				
c Preservation for future generat	ions					
4 Provide a description of the organizat Part XIII.						
5 During the year, did the organization to be sold to raise funds rather that  Part IV Escrow and Custodial A					Yes [	No t IV.
line 9, or reported an ar	mount on Form	990, Part A, II	HE ZI.			
1 a Is the organization an agent, trusted on Form 990, Part X?				assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII and con	plete the following	g table:			
					Amount	
c Beginning balance				. 1c		
d Additions during the year				1 d		
e Distributions during the year				. 1e		
f Ending balance				. IT	Vec	No
2a Did the organization include an am	ount on Form 990	, Part X, line 21, f	or escrow or custodial a	account hability:	_ 'es	- '''
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII. Check	here if the explana	ation has been provided	I OII Fait Alli		
	1 1 16 11	insting one	awarad 'Vas' on For	m 990 Part IV lin	ne 10	
Part V Endowment Funds. Co	mplete if the o	rganization ans	(c) Two years back	(d) Three years back	(e) Four year	s back
_ , , , , , , , , , , , , , , , , , , ,	(a) Current year	(b) Prior year	(C) TWO years back	(a) Three years back	(0) (02) (02)	
1 a Beginning of year balance					<u> </u>	
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs					-	
f Administrative expenses						
<b>g</b> End of year balance		d b alamaa (line	1a column (a)) held a			
2 Provide the estimated percentage	of the current year	r end balance (iiii	e ig, column (a)) nela i			
a Board designated or quasi-endowme	nt •	<sup>6</sup>				
<b>b</b> Permanent endowment ▶						
c Term endowment	8	200/				
The percentages on lines 2a, 2b, and						
3 a Are there endowment funds not in the organization by:					Yes	No
(i) Unrelated organizations				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 3a(i)	
(ii) Related organizations					. 3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the relation	ed organizations l	isted as required o	n Schedule R?		. 3b	
4 Describe in Part XIII the intended	uses of the organ	ization's endowme	nt funds.		•	
Bat VI Land Buildings and F	auinment					
Complete if the organization	zation answere	d 'Yes' on Forr	n 990, Part IV, line	11a. See Form 99	30, Part X, I	ine 1
Description of property	(a) Co	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	ralue
<b>1 a</b> Land						
<b>b</b> Buildings						
c Leasehold improvements			311,523.	65,725.		5,798
d Equipment			95,170.	93,527.		L, 643
• Other			50,163.	47,966.		2,197
Total. Add lines 1a through 1e. (Colum	n (d) must equal f	orm 990, Part X,	column (B), line 10c.)			9,638
BAA				Sched	dule D (Form 99	iu) 2011

hedule D (Form 990) 2019 CENTER FOR INDEPEND	ENL FIAING	N/A	
Investments – Other Securities. Complete if the organization answered	Yes' on Form 99	0. Part IV. line 11b. See Form 990, Par	t X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year mark	et value
Financial derivatives.			
Closely held equity interests			
Other			
)			
)			
<u>/</u>			
<u>/</u>			
)			
()			
a) 			
1)			
)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.) > Part VIII Investments — Program Related.		N/A 110 Soo Form 990 Pa	art X. line 13
Complete if the organization answered	'Yes' on Form 9'	N/A 90, Part IV, line 11c. See Form 990, Pa (c) Method of valuation: Cost or end-of-year	market value
(a) Description of investment	(b) Book value	(C) Method of Valuation.	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX Other Assets.	N	/A 200	art X, line 15
Complete if the organization answere	d 'Yes' on Form : escription	/A 990, Part IV, line 11d. See Form 990, P (b)	<b>)</b> Book value
(a) D	escription		
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)  Total. (Column (b) must equal Form 990, Part X, column	(B) line 15.)		
Part X Other Liabilities.		11 114 Con Form 990 Part X line 25	
Complete if the organization answered Tes Ul	Form 990, Part IV, III	ne Tie or Tit. See Form 330, Fare X, mio 23.	) Book value
1. (a) Des	cription of liability		
(1) Federal income taxes			3,601,72
(2) RIGHT OF USE LIABILITY			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
(10)			0 701 77
			2 607 75
(11)			3,601,72
(11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).  2. Liability for uncertain tax positions. In Part XIII, provide the text of the tax positions under FASB ASC 740. Check here if the text of the footnote	e footnote to the organization	on's financial statements that reports the organization's liability	ty for uncertain

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THE PROPERTY OF THE PARTY OF TH	23-7175191	Page 4
Schedule D (Form 990) 2019 CENTER FOR INDEPENDENT LIVING	er Return.	
Part XI Reconciliation of Revenue per Addited Titalistal Statements Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1 0	9,064,770.
Tital revenue, gains, and other support per audited financial statements		
the time 1 but not on form 990. Part VIII, line 12.		
the decision (losses) on investments		
L		
	2 e	
		9,064,770.
a College tipo 20 from line 1		370027
to the suppose not included on Form 990, Part VIII, line 74		
	4 c	
	5	9,064,770.
c Add lines 4a and 4b	a nor Poturn	3,001,1101
	s per neturn.	
Part XII Reconciliation of Expenses per Addited Financial Statement (Part XII) Reconciliation of Expenses per Addited Financial Statement (Part XII) Reconciliation of Expenses per Addited Financial Statement (Part XII) Reconciliation of Expenses per Addited Financial Statement (Part XII) Reconciliation of Expenses per Addited Financial Statement (Part XII) Reconciliation of Expenses per Addited Financial Statement (Part XII) Reconciliation of Expenses per Addited Financial Statement (Part XII) Reconciliation of Expenses per Addited Financial Statement (Part XII) Reconciliation of Expenses per Addited Financial Statement (Part XII) Reconciliation (Part XIII) Reconciliation (Part XIIII) Reconciliation (Part XIII) Reconciliation (Part XIII) Reconciliation (Part XIII) Reconc		2,532,248.
1 Total expenses and losses per audited financial statements		2,532,240.
1 Total expenses and losses per addited line 1 State 1 State 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
dura of facilities		
a Donated services and use of facilities		
b Prior year adjustments		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d Other (Describe in Part XIII.) e Add lines 2a through 2d	2e	
e Add lines 2a through 2d  3 Subtract line 2e from line 1		2,532,248.
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
4 Amounts included on Form 990, Part IX, line 25, But III, line 7b.  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a 4 b  b Other (Describe in Part XIII.)		
b Other (Describe in Part XIII.)	4c	0 522 249
c Add lines 4a and 4b	5	2,532,248.
5 Total expenses. Add lines 3 and 4c. (This must expense)		

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 2b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

2019

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

CENTER FOR INDEPENDENT LIVING

Employer identification number 23-7175191

art l	Types of Property	(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	<b>(d)</b> d of determinion ontribution an	ng nounts
1 <i>P</i>	Art — Works of art						
2 /	Art — Historical treasures						
2 /	Art – Fractional interests						
3 /	Books and publications						
4 t	Clothing and household goods						
5 (	Cars and other vehicles						
6 (	Soats and planes						
7 t	ntellectual property						
8	ntellectual property						
9	Securities — Publicly traded						
10	Securities — Closely held stock						
11	Securities — Partnership, LLC, or trust interests.						
	Securities – Miscellaneous	·					
13	Qualified conservation contribution – Historic structures	.					<u></u>
	Qualified conservation contribution — Other						
	Real estate – Residential				<del> </del>	*** * ***	
	Real estate – Commercial			1 60,000	. LEASE	VALUE	
16	Real estate — Other						
17	Collectibles						
18	Collectibles						
19	Food inventory	·					
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens	•					
24	Archeological artifacts						
25	Other ()	• •					
26	Other (,						
27	Other ()						
28	)· · ·						
		n during the	tax year for contributions	for which the	29		
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Do	nee Acknow	/ledgement			Yes	No
						1 100	
	During the year, did the organization receive by co	ntribution an	v property reported in Par	rt I, lines 1 through 28, th	nat ,		
30a	During the year, did the organization receive by co it must hold for at least three years from the da	ate of the in	itial contribution, and w	hich isn't required to be	e used	. 30 a	) >
	it must hold for at least three years from the day for exempt purposes for the entire holding peri	od?				. 30 a	1
						27	,
	b If 'Yes,' describe the arrangement in Part II.  Does the organization have a gift acceptance p	policy that re	equires the review of an	ıy nonstandard contribu	itions?	. 31	7
31			"" animations to collect I	arocess, or sen		1 1	١,
32	a Does the organization hire or use third parties noncash contributions?					32 a	
33	b If 'Yes,' describe in Part II. If the organization didn't report an amount in describe in Part II.	column (c) fo	or a type of property for	r which column (a) is c	iconou,		990) 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

### 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.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CENTER FOR INDEPENDENT LIVING

Employer identification number 23-7175191

# FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TAX FORMS ARE PREPARED BASED ON AUDITED FINANCIAL STATEMENTS. THE EXECUTIVE DIRECTOR AND DEPUTY DIRECTOR REVIEW THE DRAFTS OF THE TAX RETURNS. A COPY OF THEN REVIEWED BY THE BOARD PRESIDENT AND FINALLY BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE CONFLICT OF INTEREST POLICY REQUIRES ALL OFFICERS, DIRECTORS AND MANAGERS TO DISCLOSE ANNUALLY IF THEY OR THEIR FAMILY MEMBERS HAVE ANY CONFLICTS WITH ANY ORGANIZATION THAT CIL PAYS OR THAT PAYS CIL. ANY DISCLOSURES OF SUCH CONFLICTS ARE REVIEWED BY THE BOARD PRESIDENT AND THE CONFLICTED PARTY MUST ABSTAIN FROM PARTICIPATION IN DECIDING MATTERS RELATED TO TRANSACTIONS WITH THE OTHER ENTITY. THE POLICY IS BROADER THAN THE STANDARD POLICY PROVIDED BY THE INTERNAL REVENUE SERVICE, IN ITS SCOPE, REGARDING BOTH COVERED PERSONS AND TYPES OF TRANSACTIONS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT WHILE NOT DONE FORMALLY WITH WRITTEN DOCUMENTATION, ANNUALLY, PRIOR TO SETTING THE COMPENSATION OF THE EXECUTIVE DIRECTOR IN THE COURSE OF APPROVING THE ANNUAL BUDGET, THE ORGANIZATION INFORMALLY SURVEYS A NUMBER OF COMPARABLE ORGANIZATIONS. TWO OR THREE OTHER DYNAMIC INDEPENDENT LIVING CENTERS IN THE REGION, AND NEXT THE HALF-DOZEN OR MORE DISABILITY OR MORE DISABILITY RIGHTS AND SERVICES ORGANIZATIONS WHO SHARE THE ERIC ROBERTS CAMPUS OFFICE BUILDING NAMED AFTER AN EARLY DISABILITY BASED ON THESE COMPARISONS AND BOARD MEMBERS' COMMUNITY EXPERIENCE, RIGHTS PIONEER. AN AMOUNT IS DETERMINED, OFTEN UNCHANGED FROM THE PRIOR YEAR.

# FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

CIL PROVIDES A PDF OF THE PUBLIC DISCLOSURE COPY OF ITS THREE MOST RECENT FORMS 990 TO ANY MEMBER OF THE PUBLIC WHO REQUESTS IT AS WELL AS POSTING THEM ON THEIR THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVIALABLE IN WEBSITE.

23-7175191

## FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)

CIL'S MANAGEMENT WOULD CONSIDER ANY REQUEST FOR A COPY OF IT'S ARTICLES OF INCORPORATION, CORPORATE BYLAWS, AND/OR CONFLICT OF INTEREST POLICY ON A CASE BY CASE BASIS, BUT THE DEFAULT POSITION IS TO PROVIDE THE COPIES IN THE INTEREST OF TRANSPARENCY AND OPENNESS. CIL FILES A COPY OF ITS ANNUAL AUDITED FINANCIAL STATEMENTS WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS AT THE TIME IT FILES FORM 990. THE REGISTRY POSTS THE FINANCIAL STATEMENTS ON IT'S PUBLICLY ACCESSIBLE WEBSITE.

#### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
CONSULTANTS & OUTSIDE SERVICES PAYROLL PROCESSING FEES TOTAL \$	356,236.	262,649.	45,053.	48,534.
	11,137.	8,024.	2,409.	704.
	367,373.	\$ 270,673.	\$ 47,462.	\$ 49,238.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

(f) Direct controlling entity 23-7175191 (e) End-of-year assets Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. **(d)** Total income (c) Legal domicile (state or foreign country) (b) Primary activity CENTER FOR INDEPENDENT LIVING (a) Name, address, and EIN (if applicable) of disregarded entity Department of the Treasury Internal Revenue Service Name of the organization <u>ල</u>

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(g) Sec 512(b)(13) controlled entity? Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f)
Direct controlling
entity (e)
Public charity status
(if section 501(c)(3)) (d) Exempt Code section (c)
Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization

Yes No

(1) CIL/HAAS SUPPORTING FOUNDATION 2490 MARINER SQUARE LOOP #210 ALAMEDA, CA 94501	MANAGE ENDOWMENT FUND	CA	501 (C) (3)	509 (A) (3)	CIL & UC HAAS SCHOOL OF BUSINESS	×
(2) 						
<u>(3)</u>						
1   1   1   1   1   1   1   1   1   1						
	1					
	1					

Schedule R (Form 990) 2019

TEEA5001L 06/27/19

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

Schedule R (Form 990) 2019 CENTER FOR INDEPENDENT LIVING

Schedule R (Form 990) 2019 (f) Sec 512(b)(13) controlled entity? ŝ (k) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, Yes General or managing partner? S (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets Disproportionate allocations? å Ξ (f) Share of total income Yes (g)
Share of
end-of-year
assets because it had one or more related organizations treated as a partnership during the tax year. (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct
controlling
entity TEEA5002L 06/27/19 (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct
controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (a) (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Part IV PartIII 8 0 ତ୍ର ୍ର Ø E

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Page 3

Schedule R (Form 990) 2019 CENTER FOR INDEPENDENT LIVING

Schedule R (Form 990) 2019 (d) Method of determining  $\times$  $\bowtie$ × × × ŝ amount involved Yes 1s -<u>ე</u> Ξ 19 <del>\_</del> \_ 9 <u>1</u> <u>,</u> 무 <u>၂</u> <del>ا</del> <u>6</u> <u>ا</u> \_ r Other transfer of cash or property to related organization(s)...... **m** Performance of services or membership or fundraising solicitations by related organization(s)..... Sharing of paid employees with related organization(s)....... q Reimbursement paid by related organization(s) for expenses ...... k Lease of facilities, equipment, or other assets from related organization(s)................................. j Lease of facilities, equipment, or other assets to related organization(s)................................... Purchase of assets from related organization(s)..... Dividends from related organization(s)..... Part V | Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36. (c) Amount involved 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Transaction type (a-s) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 3 Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity..... s Other transfer of cash or property from related organization(s)...... TEEA5003L 06/27/19 Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. (a)
Name of related organization = <u></u> 9 0 ල **€** E

Schedule R (Form 990) 2019 CENTER FOR INDEPENDENT LIVING

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

revenue) that was not a related organization. See insulations regarding except (d) (d) (d) (d)	(b)	(3)	(p)	(e)	(f) Share of	(g) Share of	(h) Dispropor-	Code V-UBI	() General or	(K) Percentage
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	rredominani income (related, unre-	section section 501(c)(3)		end-of-year assets	tionate allocations?	amount in box 20 of Schedule K-1	managing partner?	ownership
			lated, excluded from tax under	organizationis:				(Form 1065)	,	
			sections 512-514)	Yes No			Yes No		Yes	
( <u>l</u> )									11100	
<u>(2)</u>									a lineald	
	•									
	•									
(3)										
		<b>-</b>								
(4)										100-1
9										
<u>(c)</u>	1									
	1									
	1									
(9)						-				
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Schedule R (Form 990) 2019 CENTER FOR INDEPENDENT LIVING 23-717519

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

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# FEDERAL WORKSHEETS

PAGE 1

CENTER FOR INDEPENDENT LIVING

23-7175191

## FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990 SOURCE
TOTAL EXPENSES	1,787,014.	1,787,014. PART IX, LINE 25, COL. B
GRANTS	0.	0. PART IX, LINES 1-3, COL. B
REVENUE	0.	16,432. PART VIII, LINE 2, COL. A

# FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
DUES & MEMBERSHIPS MISCELLANEOUS & OTHER PARTS & MATERIALS POSTAGE AND SHIPPING REPAIRS & MAINTENANCE STAFF TRAINING SUPPLIES	3,287. 27,894. 19,181. 1,463. 5,359. 6,161. 21,142. TOTAL \$ 84,487.	284. 12,273. 18,991. 935. 3,834. 901. 6,429. \$ 43,647.	3,003. 12,900. 190. 457. 1,130. 5,214. 13,833. \$ 36,727.	2,721. 71. 395. 46. 880. \$ 4,113.

California Exempt Organization Annual Information Return

**FORM** 

199

2019	Annual Information Return		199
	2019 or fiscal year beginning (mm/dd/yyyy) 7/01/2019 , and ending (mm/dd/yyyy) 6/30/20	020 Califo	ornia corporation number
Corporation/Orga		06	46485
CENTER E	OR INDEPENDENT LIVING tion. See instructions.	FEIN	
Additional inform		PMB	-7175191
Street address (s	TNED COURE LOOP ## 210		
City	State CA	Zip c	ode 501
ALAMEDA	Foreign province/state/county		ign postal code
Foreign country r			
A First Return	Yes X No J If exempt under R&TC Section 23701d, has the organization engaged in political activities?		
B Amended R	sturn • Yes X No See instructions		● Yes X No
	4947(a)(1) trust		
D Final Inform		23701g?.	● Yes X No
	olved Surrendered (Withdrawn) Merged/Reorganized If "Yes," enter the gross receipts from nonmember sources	. \$_	
E Check acco	inting method:		
1 Ca	th 2 X Accrual 3 Other  rn filed? 1 • 990T 2 • 990-PF 3 • Sch H (990)  R&TČ Section 23701d and meets the filing fee exception, check box. No filing fee is required		• □
F Federal ret	990 ceries MI Is the organization a Limited Liability Company?.		
G Is this a gr	bup filing? See instructions ● Yes X No No Did the organization file Form 100 or Form 109 to taxable income?	o report	t ● Yes X No
H Is this orga	nization in a group exemption	s the IR	s — —
If "Yes," w	at is the parent's name?  P Is federal Form 1023/1024 pending?		
I Did the er	Date filed with IRS		
not roporte	d to the ETR? See instructions		
Part I	Complete Part I unless not required to file this form. See General Information B and C.	1	568,356.
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	2	000,000
Receipts	- United State on a similar amounts received	3	8,496,414.
and	Table group requires for filing requirement test. Add line 1 through line 3.		2 2 2 4 7 7 7
Revenues	This line must be completed. If the result is less than \$50,000, see General mormation 5	4	9,064,770.
	5 Cost of goods sold		
	6 Cost or other basis, and sales expenses of assets sold	7	The state of the s
	7 Total costs. Add line 5 and line 6	8	9,064,770.
	• Total expenses and disbursements. From Side 2, Part II, line 18	9	2,532,248.
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	6,532,522.
	11 Total payments	11	
	12 Use tax. See General Information K	13	
	10 is more than line 11 subtract line 11 from line 12	14	
Filing	14 Use tax balance. If line 12 is more than line 17, subtract line 17 is more than line 17. Subtract line 17 is more than line 17 is mo	15	10.
Fee	I C. Canaral Information I	16	
	a all the line 11 from the regult	17	10
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  17 ITHE	st of my	knowledge and belief, it is true,
Sign Here			
,,,,,	Signature of officer EXECUTIVE DIRECTOR Date Check if		(510) 841-4776 PTIN
Paid	Preparer's ► signature 3/11 2w   self-employed ► _		201809278 Firm's FEIN
Preparer's	MAZE & ASSOCIATES	———————————————————————————————————————	94-2590179
Use Only	or yours, if 3478 BUSKIRK AVE STE 215	•	Telephone
	PLEASANT HILL, CA 94523		925-930-0902
	May the FTB discuss this return with the preparer shown above? See instructions		X Yes No
	-		

CACA1112L 12/13/19

3651194

Page 2 Form 199 2019

in this return. Attach schedule.....

059

3652194

6,532,522.

Net income per return.

Subtract line 9 from line 6.....

CACA1112L 12/13/19

6,532,522

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

### CALIFORNIA COPY Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

23-7175191

CENTER FOR INDEPENDENT LIVING Organization type (check one): Section: Filers of: (enter number) organization X 501(c)( 3 ) Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or

990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	1 1	Page 2
	Employer identification number	
Name of organization	23-7175191	
GRAMED FOR TAREDENDENT ITATAC	20 1110101	

CENTER	R FOR INDEPENDENT LIVING	23-71	75191
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CIL/HAAS SUPPORTING FOUNDATION  2490 MARINER SQUARE LOOP #210  ALAMEDA, CA 94501	\$346,560.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$ 	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
	TEEA0702L 08/09/19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization CENTER FOR INDEPENDENT LIVING Employer identification number

2	3	-7	7 1	7	ς	1	a	1	
1.	٠.	_	, ,	- /	. )	1	"	_	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N</u>	N/A	  	
(a) No	(b)  Description of noncash property given	(c)	(d) Date received
(a) No. from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		;  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$\$	

chedule B	(Form 990, 990-EZ, or 990-PF) (2019)			1 1 Page <b>4</b>
me of organi	zation			Employer identification number 23-7175191
Part III	Exclusively religious, charitable, etc or (10) that total more than \$1,000 for the the following line entry. For organizations concontributions of \$1,000 or less for the year. (Euse duplicate copies of Part III if additional specific contributions of \$1,000 or less for the year.	year from any one contributon pleting Part III, enter the total of the total of the this information once. See in	<b>r.</b> Complete ( exclusively	religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, address,	(e) Transfer of gift , and ZIP + 4	Relatio	onship of transferor to transferee
				(4)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relati	ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift	Relat	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
DAA				dule B (Form 990, 990-EZ, or 990-PF) (2019)

2019	CALIFORNIA STATEMENTS	PAGE 1
	CENTER FOR INDEPENDENT LIVING	23-7175191
	INCOME \$  REVENUE TOTAL \$	99,785. 2,857. 16,432. 119,074.
EQUIPMENT HOSTING INSURANCE MISCELLANEOUS & OTHER EMPLOYEE B OTHER FEES PARTS & MATERIAL POSTAGE AND SHIF PRINTING AND PUE REPAIRS & MAINTE STAFF TRAINING	PS \$  OTHER ENEFIT  SS PPING SLICATIONS ENANCE  TOTAL \$	104,744. 43,052. 21,064. 27,894. 157,315. 367,373. 19,181. 1,463. 37,568. 5,359. 6,161. 21,142. 39,625. 19,135.
STATEMENT 3 FORM 199, SCHEDUINVESTMENTS IN O	JLE L, LINE 6 TOTAL \$	1,966,736. 1,966,736.
STATEMENT 4 FORM 199, SCHEDI INVESTMENTS IN S EQUITY FUNDS EXCHANGE TRADED	ULE L, LINE 7 STOCKS  \$ FUNDS	633,873.

2019

## **CALIFORNIA STATEMENTS**

PAGE 2

CENTER FOR INDEPENDENT LIVING

23-7175191

STATEMENT 5 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS

NET INTANGIBLE ASSETS..... 3,553,751. PREPAID EXPENSES AND DEFERRED CHARGES. 88,769. TOTAL \$ 3,642,520.

STATEMENT 6 FORM 199, SCHEDULE L, LINE 16 **BONDS AND NOTES PAYABLE** 

LENDER'S NAME:

U.S. SMALL BUSINESS ADMIN

DATE OF NOTE:

4/01/2020 4/01/2022

MATURITY DATE: INTEREST RATE:

PAYCHECK PROTECTION PROGRAM 263,137.

PURPOSE OF LOAN: ORIGINAL AMOUNT:

BALANCE DUE:

263,137.

TOTAL NOTES AND BONDS PAYABLE \$ 263,137.

STATEMENT 7 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES

1,236,582. 3,601,723. 4,838,305. TOTAL \$