Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, or tax year period beginning 10/01/00 , and ending 9/03/01

B Check if applicable
- ☐ Change of address
- ☐ Change of name
- ☐ Initial return
- ☐ Final return
- ☐ Amended return

Please use IRS label or print or type See Specific Instructions.

C Name of organization: Services for Independent Living, Inc.

D Employer ID number: 34-1315202

Number and street (or P O box if mail is not delivered to street address): 25100 Euclid Avenue — Room/suite: 105

E Telephone number: 216-731-1529

City or town state or country and ZIP code: Cleveland OH 44117-2620

F Check ▶ ☐ if application pending

G Org type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 527 or ☐ 4947(a)(1)

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990EZ)

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25 000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return

Note H and I are not applicable to section 527 orgs

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," att a list See instr)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group exemption no (GEN) ▶

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1	Contributions gifts grants and similar amounts received			
	a	Direct public support	1a	113,333	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	400,460	
	d	Total (add lines 1a through 1c) (cash $ 513,793 noncash $)			1d 513,793
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 17,391
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 4,886
	5	Dividends and interest from securities			5
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7	Other investment income (describe ▶)			7
	8a	Gross amount from sales of assets other than inventory	(A) Securities 70,820	8a	(B) Other
	b	Less cost or other basis and sales expenses	69,945	8b	
	c	Gain or (loss) (attach schedule)	875	8c	
	d	Net gain or (loss) (combine line 8c columns (A) and (B)) See Stmt 1			8d 875
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ _____ of contributions reported on line 1a)		9a	
	b	Less direct expenses other than fundraising expenses		9b	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c
	10a	Gross sales of inventory less returns and allowances		10a	
	b	Less cost of goods sold		10b	
	c	Gross profit or (loss) from sales of inventory (att sch) (subtract line 10b from line 10a)			10c
	11	Other revenue (from Part VII, line 103)			11 1,349
	12	**Total revenue** (add lines 1d, 2, 3 4 5, 6c, 7, 8d 9c, 10c and 11)			12 538,294
Expenses	13	Program services (from line 44, column (B))			13 354,242
	14	Management and general (from line 44 column (C))			14 46,604
	15	Fundraising (from line 44, column (D))			15 60,799
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 461,645
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 76,649
	19	Net assets or fund balances at beginning of year (from line 73 column (A))			19 174,210
	20	Other changes in net assets or fund balances (attach explanation) See Stmt 2			20 -16,865
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 233,994

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 20)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ non-cash $)	22				
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc	25	51,458	44,768	6,690	
26 Other salaries and wages	26	251,894	189,001	21,215	41,678
27 Pension plan contributions	27				
28 Other employee benefits	28	28,179	20,251	1,850	6,078
29 Payroll taxes	29	26,389	20,685	2,347	3,357
30 Professional fundraising fees	30				
31 Accounting fees	31	10,314	7,510	1,557	1,247
32 Legal fees	32				
33 Supplies	33	4,706	3,530	621	555
34 Telephone	34	5,047	3,785	631	631
35 *Postage and shipping*	35	6,335	4,769	1,076	490
36 Occupancy	36	36,042	28,094	3,707	4,241
37 Equipment rental and maintenance	37	7,668	5,696	1,088	884
38 Printing and publications	38	10,799	9,695	609	495
39 Travel	39	4,238	3,516	699	23
40 Conferences conventions and meetings	40	1,019	357	662	
41 Interest	41				
42 Depreciation, depletion, etc (att sch)	42	3,069	2,302	384	383
43 Other expenses (itemize) a	43a				
b See Statement 3	43b	14,488	10,283	3,468	737
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 - 43) **Organizations completing columns (B)-(D), carry these totals to lines 13-15**	44	461,645	354,242	46,604	60,799

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☒ No

If "Yes " enter (i) the aggregate amount of these joint costs $ (ii) the amount allocated to Program services $

(iii) the amount allocated to Management and general $ and (iv) the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

What is the organization's primary exempt purpose?

▶ Provide services to consumers with disabilities

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a	Information & Referral-This program serves consumers by providing information on adaptive equipment, housing, transportation, suport services and other issues (Grants and allocations $)	87,693
b	See Statement 4 (Grants and allocations $)	63,824
c	See Statement 5 (Grants and allocations $)	45,577
d	Transitional Education Program- Assists students with disabilities to facilitate a smooth transition from school to employment or higher education (Grants and allocations $)	64,728
e	Other program services (attach schedule) See Stmt 6 (Grants and allocations $)	92,420
f	**Total of Program Service Expenses** (should equal line 44 column (B) Program services) ▶	354,242

Part IV Balance Sheets (See Specific Instructions on page 23)

	Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
Assets	45	Cash-non interest-bearing			103,855	45	156,628
	46	Savings and temporary cash investments			10,741	46	11,423
	47a	Accounts receivable	47a	9,526			
	b	Less allowance for doubtful accounts	47b		1,773	47c	9,526
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b		525	48c	
	49	Grants receivable			35,760	49	49,956
	50	Receivables from officers directors trustees, and key employees (attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			7,762	53	7,718
	54	Investments-securities See Stmt 7 ▶ ☐ Cost ☒ FMV			70,086	54	57,286
	55a	Investments-land buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments-other (attach schedule)				56	
	57a	Land, buildings, and equipment basis	57a	100,142			
	b	Less accumulated depreciation (attach schedule) See Stmt 8	57b	86,139	3,206	57c	14,003
	58	Other assets (describe ▶ See Stmt 9)			3,317	58	3,317
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			237,025	59	309,857
Liabilities	60	Accounts payable and accrued expenses			33,908	60	38,324
	61	Grants payable				61	
	62	Deferred revenue See Stmt 10			28,907	62	37,539
	63	Loans from officers, directors trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ▶)				65	
	66	**Total liabilities** (add lines 60 through 65)			62,815	66	75,863
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			147,790	67	182,356
	68	Temporarily restricted			26,420	68	51,638
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)			174,210	73	233,994
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			237,025	74	309,857

Form 990 is available for public inspection and for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a Total revenue, gains, and other support per audited financial statements ▶	a	521,428	a Total expenses and losses per audited financial statements ▶	a	461,645
b Amounts included on line a but not on line 12, Form 990			b Amounts included on line a but not on line 17, Form 990		
(1) Net unrealized gains on investments $ -16,866			(1) Donated services and use of facilities $		
(2) Donated services and use of facilities $			(2) Prior year adjustments reported on line 20 Form 990 $		
(3) Recoveries of prior year grants $			(3) Losses reported on line 20, Form 990 $		
(4) Other (specify) $			(4) Other (specify) $		
Add amounts on lines (1) through (4) ▶	b	-16,866	Add amounts on lines (1) through (4) ▶	b	
c Line a minus line b ▶	c	538,294	c Line a minus line b ▶	c	461,645
d Amounts included on line 12, Form 990 but not on line a			d Amounts included on line 17, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 $			(1) Investment expenses not included on line 6b, Form 990 $		
(2) Other (specify) $			(2) Other (specify) $		
Add amounts on lines (1) and (2) ▶	d		Add amounts on lines (1) and (2) ▶	d	
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e	538,294	e Total expenses per line 17 Form 990 (line c plus line d) ▶	e	461,645

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Lynn Hildebrand Cleveland, OH	Exec. Dir. 40	51,458	0	0
Betty Troccolo Cleveland Hts, OH	President	0	0	0
Edward Dickson Cleveland, OH	Vice- Pres	0	0	0
Arun Chattree Beachwood, OH	Treasurer	0	0	0
Carol Linsenmeier Mentor, OH	Secretary	0	0	0
Susan Armbrecht Cleveland Hts, OH		0	0	0
Richard Marshall Cleveland, OH		0	0	0
David Oppenheimer, Esq Shaker Hts, OH		0	0	0
Susan Sampson Cleveland, OH		0	0	0
Carole A. Tagg East Cleveland, OH		0	0	0

75 Did any officer director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations of which more than $10 000 was provided by the related organizations? ▶ ☐ Yes ☒ No

If "Yes " attach schedule-see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes " attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross inc of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation dissolution, termination or substantial contraction during the year? If "Yes " attach a statement N/A	79		
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies trustees officers, etc , to any other exempt or nonexempt organization? N/A	80a		
b	If "Yes " enter the name of the organization ▶ and check whether it is ☐ exempt OR ☐ nonexempt			
81a	Enter the amount of political expenditures, direct or indirect as described in the instructions for line 81 — 81a			
b	Did the organization file Form 1120-POL for this year? N/A	81b		
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes " you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III) — 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes " did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments and similar amounts from members — 85c			
d	Section 162(e) lobbying and political expenditures — 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 — 86a			
b	Gross receipts included on line 12 for public use of club facilities — 86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders — 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes " complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 section 4912 ▶ 0 section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes " attach a statement explaining each transaction N/A	89b		
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955, and 4958 ▶			0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			0
90a	List the states with which a copy of this return is filed ▶ None			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b	11	
91	The books are in care of ▶ Cheryl Gorham Telephone no ▶ 216-731-1529			
	Located at ▶ 25100 Euclid Ave., Cleveland, OH ZIP code ▶ 44117-2663			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	(B) Amount	Excluded by sec 512 513 or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue					
a Fees For Service					17,391
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					4,886
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	875	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b Other income					1,349
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		875	23,626
105 Total (add line 104 columns (B), (D), and (E))				▶	24,501

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No ●	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Fees provide services for comsumers with sensory disabilities at meetings and training sessions Fees also provide consultation and customized workshops See Statement 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg 31)

(a) Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year pay premiums, directly or indirectly on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

[redacted]

11/31/02 ▶ Linda N. Hildebrand Executive Director

Date Type or print name and title

	Date	Check if self-	Preparer's SSN or PTIN
[redacted]	[redacted]	▶ ☐	[redacted]

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2000

Name of the organization: Services for Independent Living, Inc.

Employer identification number: 34-1315202

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over $50 000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $ 50 000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over $50,000 for professional services ▶		

Part III Statements About Activities

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees directors, officers creators, key employees, or members of their families or with any taxable organization with which any such person is affiliated as an officer, director trustee, majority owner or principal beneficiary			
a	Sale exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of exp if more than $1 000)? See Stmt 12	2d	X	
e	Transfer of any part of its income or assets?	2e		X
	If the answer to any question is Yes," attach a detailed statement explaining the transactions			
3	Does the organization make grants for scholarships fellowships student loans, etc ?	3		X
4a	Do you have a section 403(b) annuity plan for your employees?	4a	X	
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See pg 2 of the instr)			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 ☐ A church convention of churches or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ 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 charitable etc functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above or **(2)** section 501(c)(4) (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or FY beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, & contrib received (Do not incl unusual grants See line 28)	482,926	494,223	462,941	420,266	1,860,356
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is not a busn unrelated to the organization s chantable etc purpose	9,484	15,412	7,643	9,846	42,385
18 Gross inc from int , dividends, amounts received from pymt on securities loans (section 512(a)(5)) rents, royalties & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	5,821	4,888	4,966	3,824	19,499
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization s ben & either paid to it or expended on its behalf					
21 The value of services or facl furnished to the org by a governmental unit without charge Do not incl the value of serv or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets	583	2,016		1,107	3,706
23 Total of lines 15 through 22	498,814	516,539	475,550	435,043	1,925,946
24 Line 23 minus line 17	489,330	501,127	467,907	425,197	1,883,561
25 Enter 1% of line 23	4,988	5,165	4,756	4,350	

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e), line 24 ▶ 26a 37,671

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test Enter line 24 column (e) ▶ 26c 1,883,561

d Add Amounts from column (e) for lines 18 19,499 19 ____ 22 3,706 26b ____ ▶ 26d 23,205

e Public support (line 26c minus line 26d total) ▶ 26e 1,860,356

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 98 7680%

27 Organizations described on line 12

a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each year from each "disqualified person " Enter the sum of such amounts for each year N/A

(1999) (1998) (1997) (1996)

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5 000 (Include in the list organizations described in lines 5 through 11, as well as individuals) After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year N/A

(1999) (1998) (1997) (1996)

c Add Amounts from column (e) for lines 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶ 27c

d Add Line 27a total ____ and line 27b total ____ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 Unusual Grants For an organization described in line 10 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor the date and amount of the grant and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instr)

Part V. Private School Questionnaire (See page 5 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes " please describe, if "No," please explain (If you need more space attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587, covering racial nondiscrimination? If "No " attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check here ▶ a ☐ if the organization belongs to an affiliated group
Check here ▶ b ☐ if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table-			
If the amount on line 40 is- / **The lobbying nontaxable amount is-**			
Not over $500,000 / 20% of the amount on line 40			
Over $500 000 but not over $1 000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1 500,000 / $175,000 plus 10% of the excess over $1,000,000	41 ▶		
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000 000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution If there is an amount on either line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 9 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instr)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members legislators or the public		X	
e Publications or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars conventions speeches lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of		
	(i) Cash	51a(i)	X
	(ii) Other assets	a(ii)	X
b	Other transactions		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
	(iii) Rental of facilities equipment or other assets	b(iii)	X
	(iv) Reimbursement arrangements	b(iv)	X
	(v) Loans or loan guarantees	b(v)	X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers transactions and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or line 1 of Form 990-EZ (see Instructions)

OMB No 1545-0047

2000

Name of organization
Services for Independent Living, Inc.

Employer identification number
34-1315202

Organization type (check one)- Section ☒ 501(c)(3) < (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt chantable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had **no General** chantable contributors who contributed more than $1,000 during the year (But see **rule** below) ▶ ☐

Enter here the total gifts recieved during the year for a religious chantable, etc , purpose ▶ $

Note This form is generally not open to public inspection except for section 527 organizations

Schedule B (Form 990 or 990-EZ)(2000) Page 1 to 2 of Part I

Name of organization: Services for Independent Living,

Employer identification number: 34-1315202

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		$ 25,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1		$ 10,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1		$ 15,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1		$ 5,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1		$ 5,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1		$ 363,961	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)

Schedule B (Form 990 or 990-EZ)(2000) Page 2 to 2 of Part I

Name of organization: Services for Independent Living,

Employer Identification number: 34-1315202

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		$ 19,799	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
1		$ 28,024	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
		$	Individual [ ] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
		$	Individual [ ] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
		$	Individual [ ] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
		$	Individual [ ] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other than Inventory-Securities

Desc	How Rec'd	Whom Sold			
	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
Federated Govt Income				Purchase		
	8/08/97	3/07/01	$ 7,807	$ 7,705	$	$ 102
Fidelity Adv Equity				Purchase		
	2/22/00	3/07/01	6,072	5,518		554
P Imco				Purchase		
	2/22/00	3/07/01	10,309	9,307		1,002
ML Aggrgte Index				Purchase		
	8/08/97	3/06/01	10,083	9,847		236
Lazard Intl Equity Port				Purchase		
	6/28/98	3/06/01	4,442	5,562		-1,120
Van Kempen American				Purchase		
	6/24/99	3/06/01	3,899	3,793		106
Mainstay High				Purchase		
	3/27/00	3/06/01	6,275	5,309		966
American Century Twentieth				Purchase		
	12/18/00	3/06/01	2,449	3,832		-1,383
Strong Corp				Purchase		
	6/29/99	3/06/01	9,708	8,698		1,010
Alli Growth & Income				Purchase		
	3/06/01	3/15/01	6,574	6,929		-355
Scudder				Purchase		
	3/06/01	3/15/01	3,202	3,445		-243
Total			$ 70,820	$ 69,945	$ 0	$ 875

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Current Unrealized loss on investments	$ -16,866
rounding	1
Total	$ -16,865

Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	$	$	$	$
Indirect Expense				
Advertising	2,873	1,203	1,469	201
Cleaning	1,437	1,080	178	179
Consulting	4,329	3,429	900	
Miscellaneous	392	15	377	
Membership	2,737	2,089	337	311
Volunteers	336	264	36	36
Staff resources	847	666	171	10
Consumer related exp	1,537	1,537		
Total	$ 14,488	$ 10,283	$ 3,468	$ 737

Statement 4 - Form 990, Part III, Line b - Statement of Program Service Accomplishments

Accessibility Program- Maximizes the ability of persons with disabilities to access home and communities through consultation, evaluation, and barrier free design recommendations

Statement 5 - Form 990, Part III, Line c - Statement of Program Service Accomplishments

Advocacy Program- Pursues social changes for citizens with disabilities through on-going public relations and advocacy efforts on state and local levels. Workshops & training are provided to consumers to increase their effectiveness as self-advocates

Statement 6 - Form 990, Part III, Line e - Other Program Services

Peer Support Program - This program provides consumers with positive role models, problem solving and coping skills, independent living skills training is given to people with disabilities, support groups are offered
Personal Care Assistance Program- This program assists people with severe physical disabilities in their application for personal care assistance funds

Statement 7 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock			
Federated Gov't Income	7,268		Market
Fidelity Adv Equity	5,643		Market
P Imco Total Return	9,553		Market
ML Aggragte BD Index	9,436		Market
Massachusetts Investors	4,785	8,241	Market
Lazard Int'l Equity	4,697		Market
Gabelli Growth Fund	9,396	11,627	Market
Van Kempen American	3,532		Market
Mainstay High Yeild	4,650		Market
American Century Twentiety	2,823	3,234	Market
Strong Corp.	8,303		Market
Nations International Value		2,823	Market
Davis New York Venture		12,417	Market
Pioneer Fund Inc		11,932	Market
Berger Small Cap Val		7,012	Market
	70,086	57,286	

Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Office equipment	$ 60,512	$ 58,126	$ 74,377	$ 60,647
Recreation equipment	2,326	2,326	2,326	2,326
General equipment	2,733	1,913	2,733	2,460
Recreation equipment	10,259	10,259	10,259	10,259
Discretionary equipment	10,447	10,447	10,447	10,447
Total	$ 86,277	$ 83,071	$ 100,142	$ 86,139

Statement 9 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Deposits	$ 3,317	$ 3,317
Total	$ 3,317	$ 3,317

Federal Statements

Statement 10 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
Deferred revenue	$ 28,907	$ 37,539
Total	$ 28,907	$ 37,539

Statement 11 - Form 990, Part VIII - Relationship of Activities

Line No	Description
	on the mandates of the ADA as well as accessibility evaluations of facilities and programs to ensure compliance with the ADA.