

**CHAR500  
Online**For new annual filings,  
and amendments**Annual Filing for Charitable Organizations**New York State Office of the Attorney General  
Charities Bureau - Registration Section  
28 Liberty Street  
New York, NY 10005  
[charitiesnys.com](http://charitiesnys.com)**Open to Public  
Inspection**

Filing Type:

☒ New Filing☐ AmendmentFiling Year: 2023**General Information**Current Organization Name: SELF INITIATED LIVING OPTIONS INCUpdated Name: N/ANY Registration Number: 03-80-52Registration Category: DUALOrganization Type: CorporationEIN: 112721260Current Fiscal Year End: 09/30Updated Fiscal Year End: N/AOrganization Email: info@siloinc.orgOrganization's Phone: 631-880-7929Tax Exempt Status: 501(c)(3)Website: WWW.SILOINC.ORG**Organization Address**

Mailing Address	Principal Address	NY State Address
3253 Route 112 Bldg. 10 Medford NY 11763 United States	3253 Route 112 Bldg. 10 Medford NY 11763 United States	NA

**Primary Contact Information**First Name: Rick Last Name: Romash Title: Fiscal OfficerPhone: 845-228-3903 Email: mybooks1@aol.com**Organization Type**Type of IRS document filed with IRS: IRS990 Organization Type: Public**Third Party Preparer Information**First Name: N/A Last Name: N/A Title: N/AFirm Name: N/A Phone: N/A Email: N/A**Third Party Address**Street: N/ACity: N/A State: N/AZip: N/A Country: N/A

### Registration Category

1. Does the organization conduct activity in New York State other than soliciting? This may include, but is **not limited to**, maintaining an office, having employees or staff, or running a program.  
☒ Yes   ☐ No
2. Does the organization have assets in New York State?  
☒ Yes   ☐ No
3. Is the organization incorporated or formed in New York State?  
☒ Yes   ☐ No
4. Has the organization received more than \$25,000 in total contributions from New York State residents, foundations, corporations or government agencies or other entities in the period covered by this filing?  
☒ Yes   ☐ No
5. Does the organization plan to receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, government agencies or other entities?  
☒ Yes   ☐ No
6. Does the organization use a professional fundraiser or fundraising counsel?  
☐ Yes   ☒ No

Based on your responses to the above questions, this organization's registration category remains as DUAL

### Contribution Information

1. Did the organization solicit or receive contributions during the fiscal year in New York State?  
☒ Yes   ☐ No
3. Choose the total contributions in New York State this fiscal year:    \$1,000,000-\$4,999,999

### Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?  
☐ Yes   ☐ No   N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?  
☐ Yes   ☐ No   N/A
3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?  
☐ Yes   ☒ No

Based on your responses to annual exemption questions, this organization is required to file under DUAL during this fiscal year.

## Financial Information

Type of IRS document filed with IRS IRS990 Organization's total revenue: 4,764,590

Organization's total contributions: 4,601,275 Organization's total assets: N/A

Organization's net assets: -278,935 Organization's total revenue and contributions: N/A

Organization's total liabilities: N/A Organization's total assets/ worth: N/A

Organization's total income: N/A

For this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau?

☐ Closing ☐ Withdrawing ☐ Dissolving ☒ None

Is this your final filing with New York State? ☐ Yes ☐ No ☐ N/A

## Filing Information

Did your organization use a professional fundraiser or fundraising counsel for fundraising activity in New York State?

☐ Yes ☒ No

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Reg Number: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone: <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone: <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone: <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Did the organization receive government grants during this fiscal year?

☒ Yes ☐ No

Government Grant Agency	Grant Amount
NYS Department of the Aging	\$873,190.00
Westchester Institute for Human Development	\$23,475.00
NYS Justice Center for Protection of People with S	\$168,931.00
NYS Department of Education	\$728,418.00
To be continued in Appendix page 2	

## Documents

Attached organization's required documents:

- ☒ IRS document
- ☒ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- ☐ Other documents

## Signatures

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

Role	First Name	Last Name	Email
Executive Director	Joseph	Delgado	jdelgado@siloinc.org
Treasurer	Roderick	Smith	chino1298@optonline.net

Signature of Executive Director DocuSigned by:  DD0661FAE4444150 Date: 8/11/2025

Signature of Treasurer Signed by:  1D0410ED0B3246C Date: 8/8/2025