

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.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 10/01, 2017, and ending 9/30, 2018

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Self Initiated Living Options, Inc. d/b/a Suffolk Independent Living Org 755 Waverly Ave., Suite 100 Holtsville, NY 11742
D Employer identification number 11-2721260
E Telephone number (631) 880-7929
G Gross receipts \$ 2,677,390.

F Name and address of principal officer: Joseph Delgado
Same As C Above
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: www.siloinc.org
H(c) Group exemption number

K Form of organization: Corporation, Trust, Association, Other
L Year of formation: 1985
M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To enable disabled citizens in Suffolk County, NY to gain effective control & direction of their lives. To promote a sense of personal dignity & community participation through training, community development & direct services responsive to the needs of the people.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer: Joseph Delgado, Date: Executive Dir.

Paid Preparer Use Only: Print/Type preparer's name: Michael Schall, Preparer's signature: Michael Schall, Date: 5/20/19, Check self-employed, PTIN: P02024184, Firm's name: SCHALL & ASHENFARB CPAS, Firm's address: 307 5th Ave, 15th Floor, NEW YORK, NY 10016-6517, Firm's EIN: 13-4036703, Phone no.: (212) 268-2800

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form **8868**

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

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

GFile a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

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/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Self Initiated Living Options, Inc. d/b/a Suffolk Independent Living Org	11-2721260
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	755 Waverly Ave., Suite 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Holtsville, NY 11742	

Enter the Return Code for the return that this application is for (file a separate application for each return)..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

? The books are in the care of G Joseph M. Delgado

Telephone No. G (631) 880-7929

Fax No. G

? If the organization does not have an office or place of business in the United States, check this box G

? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box G . If it is for part of the group, check this box G and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 8/15, 2019, to file the exempt organization return for the organization named

above. The extension is for the organization's return for:

G calendar year 20__ or

G tax year beginning 10/01 ---, 2017, and ending 9/30 ---, 2018.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions..... **3a** \$ 0.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit..... **3b** \$ 0.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions..... **3c** \$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2017)

FIF20501L 01/12/17

Form 990 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 2,382,199. including grants of \$ _____) (Revenue \$ 91,139.)

See Schedule O

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses G 2,382,199.

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.....

	Yes	No
1	X	
2	X	
3		X
4		X

5	5		X
6	6		X
7	7		X
8	8		X
9	9		X
10	10		X
11			
a			
b	11a	X	
c	11b		X
d	11c		X
e	11d		X
f	11e		X
12a	11f	X	
12a	12a	X	
12b	12b		X
13	13		X
14a	14a		X
15			
16	14b		X
17	15		X
18	16		X
19	17		X
	18		X
	19		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		
b <i>If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		
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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		
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? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		X
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?.....		X
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		
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? <i>If 'Yes,' complete Schedule L, Part I.</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		
b <i>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.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		X

Note. All Form 990 filers are required to complete Schedule O.....

35b		
36		X
37		X
38	X	

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TEEA0104L 08/08/17

Page Part 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 No

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1a 7 b Enter the number of Forms W-

2G included in line 1a. Enter -0- if not applicable..... 1b 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?..... 1c X

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... 2a 47

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3a X b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O..... 3b

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?..... 4a X

b If 'Yes,' enter the name of the foreign country: G

See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5a X b Did any taxable partner notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5b X c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5c

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?..... 6a X

b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?..... 6b

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?..... 7a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?..... 7c X d If 'Yes,' indicate the number of Forms 8282 filed during the year..... 7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?..... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?..... 7h

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?..... 8

1c	X	
2a		
2b	X	
3a	X	
3b		
4a	X	
5a	X	
5b	X	
5c		
6a	X	
6b		
7a	X	
7b		
7c	X	
7d		
7e	X	
7f	X	
7g		
7h		
8		

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966? **9a b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... **9b 10 Section 501(c)(7) organizations.** Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 **10a b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b 11 Section 501(c)(12) organizations.**

Enter:

a Gross income from members or shareholders **11a b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... **11b**

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... **12a b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year..... **12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state?..... **13a Note.** See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. **13b**

c Enter the amount of reserves on hand. **13c**

14a Did the organization receive any payments for indoor tanning services during the tax year? **14a X** **b** If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. **14b**

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TEEA0105L 08/08/17

Form 990 (2017)

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	8	
b Enter the number of voting members included in line 1a, above, who are independent.	1b	8	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with officer, director, trustee, or key employee?			X
3 Did the organization delegate control over management duties customarily performed by or under the direction of officers, directors, or trustees, or key employees to a management company or other person?		2	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		3	
6 Did the organization have members or stockholders?		4	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint governing body?		5	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons?		6	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year?			
a The governing body?	7a	X	
b Authority to act on behalf of the governing body?			
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached by mail? If 'Yes,' provide the names and addresses in Schedule O	7b		X
	8a	X	
	8b	X	
	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
10b 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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done		
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15a 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	X	
b Other officers or key employees of the organization		X
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 taxable entity during the year?		
16b 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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed G NY
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: G
 Joseph M. Delgado 755 Waverly Ave., Suite 100 Holtsville NY 11742 (631) 880-7929

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

Independent Contractors

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

Section A: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

? List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

? List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

? List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

? List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

? List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mary Ann Sciacca President	2 0	X		X				0.	0.	0.
(2) Patrick Mitchell Vice President	2 0	X		X				0.	0.	0.
(3) Geraldine DePersio Sec/Treasurer	2 0	X		X				0.	0.	0.
(4) Dawn Cookler Director	2 0	X						0.	0.	0.
(5) Krista Giannak Director	2 0	X						0.	0.	0.
(6) Roger Smith Director	2 0	X						0.	0.	0.
(7) Bernard Ferracane Director	2 0	X						0.	0.	0.
(8) Donald Gomez Director	2 0	X						0.	0.	0.
(9) Joseph Delgado Executive Dir.	35 0			X				101,248.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

Self Initiated Living Options, Inc.

11-2721260

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee				Former
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
1 b Sub-total							101,248.	0.	0.
c Total from continuation sheets to Part VII, Section A and 1c)							0.	0.	0.
G d Total (add lines 1b and 1c)							101,248.	0.	0.

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 ^{G 1}

¹ Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.....		X
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 individual.....		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.....		X

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ^G 0

Section B. Independent Contractors

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) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e 2,575,197.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 8,690.					
	g Noncash contributions included in lines 1a-1f: \$						
h Total. Add lines 1a-1f		2,583,887.					
Program Service Revenue	2 a <u>Service Fee</u>	Business Code 900099	91,139.	91,139.			
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
	g Total. Add lines 2a-2f		91,139.				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		564.			564.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19.	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a <u>Miscellaneous Revenue</u>		1,800.	1,800.				
b -----							
c -----							
d All other revenue							
e Total. Add lines 11a-11d		1,800.					
12 Total revenue. See instructions		2,677,390.	92,939.	0.	564.		

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.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	103,269.	46,471.	56,798.	0.
6 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.	0.
7 Other salaries and wages	1,437,341.	1,394,001.	43,340.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,261.	2,114.	147.	
9 Other employee benefits	345,068.	322,637.	22,431.	
10 Payroll taxes	130,713.	122,216.	8,497.	
11 Fees for services (non-employees):				
a Management				
b Legal	780.		780.	
c Accounting	64,000.		64,000.	
d Lobbying				
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 O.)	261,372.	246,828.	14,544.	
12 Advertising and promotion	2,052.		2,052.	
13 Office expenses	27,036.	23,726.	3,310.	
14 Information technology				
15 Royalties				
16 Occupancy	151,828.	121,462.	30,366.	
17 Travel	50,691.	47,396.	3,295.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11,831.		11,831.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,383.		9,383.	
23 Insurance	11,233.	8,986.	2,247.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Telephone	20,519.	16,414.	4,105.	
b Repairs & Maintenance	12,793.	9,595.	3,198.	
c Postage and Shipping	11,679.	9,343.	2,336.	
d Dues and Subscriptions	11,609.	8,707.	2,902.	
e All other expenses	3,041.	2,303.		738.
25 Total functional expenses. Add lines 1 through 24e.	2,668,499.	2,382,199.	285,562.	738.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash ¹ non-interest-bearing	43,057.	1	114,650.	
	2 Savings and temporary cash investments	330,422.	2		
	3 Pledges and grants receivable, net				
	4 Accounts receivable, net	496,268.	3	603,971.	
	.....	7,194.	4	3,604.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				
	.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				
	.....		6	
	7 Notes and loans receivable, net				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. b Less: accumulated depreciation	88,882.	6,545.	9	1,034.
	11 Investments ¹ publicly traded securities	10b 74,807.	23,458.	10c	14,075.
	12 Investments ¹ other securities. See Part IV, line 11			11	
	13 Investments ¹ program-related. See Part IV, line 11			12	
14 Intangible assets			13		
15 Other assets. See Part IV, line 11			14		
16 Total assets. Add lines 1 through 15 (must equal line 34)		8,650.	15	9,450.	
		915,594.	16	746,784.	
Liabilities	17 Accounts payable and accrued expenses	364,972.	17	392,941.	
	18 Grants payable		18		
	19 Deferred revenue				
	20 Tax-exempt bond liabilities				
	.....	210,865.	19	185,130.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			21	
	23 Secured mortgages and notes payable to unrelated third parties				
	24 Unsecured notes and loans payable to unrelated third parties			22	
	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 D			23	
26 Total liabilities. Add lines 17 through 25		179,935.	24		
			25		
		755,772.	26	578,071.	

Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here G lines 27 <input checked="" type="checkbox"/> and complete through 29, and lines 33 and 34.		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	
27 Unrestricted net assets.....				
28 Temporarily restricted net assets.....	159,822.	27	168,713.	
Permanently restricted net assets..... <input type="checkbox"/>		28		
30 Capital stock or trust principal, or current funds.....		29		
31 Paid-in or capital surplus, or land, building, or equipment fund.....				
32 Retained earnings, endowment, accumulated income, or other funds.....		30		
33 Total net assets or fund balances.....		31		
.. G		32		
34 Total liabilities and net assets/fund balances.....	159,822.	33	168,713.	
..	915,594.	34	746,784.	

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Form 990 (2017)

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Form 990 (2017)

11-2721260

Part XI Reconciliation of Net Assets

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	2,677,390.		
2	Total expenses (must equal Part IX, column (A), line 25).....	2	2,668,499.	3	Revenue less expenses
	Subtract line 2 from line 1.....	3	8,891.	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).....
	4	159,822.			
5	Net unrealized gains (losses) on investments.....	5			
6	Donated services and use of facilities.....	6			
7	Investment expenses.....	7			
8	Prior period adjustments.....	8			
9	Other changes in net assets or fund balances (explain in Schedule O).....	9	0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).....	10	168,713.		

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?.....

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?..... 2b

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

	Yes	No
2a		X
2b		X

Self Initiated Living Options, Inc.

Separate basis Consolidated basis Both consolidated and separate basis

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?..... 2c X

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?..... 3a X b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits..... 3b

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Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. G Attach to Form 990 or Form 990-EZ.

2017

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Self Initiated Living Options, Inc.
d/b/a Suffolk Independent Living Org

Employer identification number

11-2721260

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.) 1A

- 1A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization -----
operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9A agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: -----
- 10An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12An 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.
 - aType 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.
 - bType 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.
 - cType 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.
 - dType 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. eCheck 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						

(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2017

TEEA0401L 08/10/17

Self Initiated Living Options, Inc.

11-2721260

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
G						
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,099,464.	1,383,480.	1,402,301.	2,233,806.	2,583,887.	8,702,938.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3						0.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1,099,464.	1,383,480.	1,402,301.	2,233,806.	2,583,887.	8,702,938.
6 Public support. Subtract line 5 from line 4						0.
						8,702,938.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
G						
7 Amounts from line 4	1,099,464.	1,383,480.	1,402,301.	2,233,806.	2,583,887.	8,702,938.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on	6,393.	5,494.	308.	1,497.	564.	14,256.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	3,511.	63,550.	1,857.		1,800.	70,718.
11 Total support. Add lines 7 through 10						8,787,912.
12 Gross receipts from related activities, etc. (see instructions)					12	591,725.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here. **G**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	15 Public support percentage from 2016 Schedule A, Part II, line 14	14	99.03 %
		15	98.73 %

16a 33-1/3% support test'2017. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. G

b 33-1/3% support test'2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. G

17a 10%-facts-and-circumstances test'2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. G

b 10%-facts-and-circumstances test'2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. G

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. G

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Schedule A (Form 990 or 990-EZ) 2017

TEEA0402L 08/10/17

Self Initiated Living Options, Inc.

11-2721260

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
G						
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.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a 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.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. G <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	16 Public support percentage from 2016 Schedule A, Part III, line 15	15	%
		16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	18 Investment income percentage from 2016 Schedule A, Part III, line 17	17	%
		18	%

- 19a 33-1/3% support tests 2017.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization **G**
- b 33-1/3% support tests 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. **G**
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. **G**

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

6		
7		
8		
9a		
9b		
9c		
10a		
10b		

BAA TEEA0404L 08/10/17 Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations (continued)

	Yes	No
11a		
11b		
11c		

11 Has the organization accepted a gift or contribution from any of the following persons?

- a 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?
- b A family member of a person described in (a) above? 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**.

Section B. Type I Supporting Organizations

1	Yes	No
<p>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 Part VI 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.</p>		
<p>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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</p>		

2		
---	--	--

Section C. Type II Supporting Organizations

	Yes	No
1		
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section 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 Part VI 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 Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- a The organization satisfied the Activities Test. Complete **line 2** below.
 - b The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

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 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.
- 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.

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? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

BAA TEEA0405L 08/10/17 **Schedule A (Form 990 or 990-EZ) 2017 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A ' Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C ' Distributable Amount		(A) Prior Year	Current Year

1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2017

TEEA0406L 08/10/17

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D' Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported 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 is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 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-2017
			(iii) Distributable Amount for 2017

1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required ' explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
	b From 2013.....			
	c From 2014.....			
	d From 2015.....			
	e From 2016.....			
	f Total of lines 3a through e			
	g Applied to underdistributions of prior years			
	h Applied to 2017 distributable amount			
	i Carryover from 2012 not applied (see instructions)			
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
	a Applied to underdistributions of prior years			
	b Applied to 2017 distributable amount			
	c Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	a Excess from 2013.....			
	b Excess from 2014.....			
	c Excess from 2015.....			
	d Excess from 2016.....			
	e Excess from 2017.....			

Part VI **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 II, Line 10 - Other Income

Nature and Source	2017	2016	2015	2014	2013
Other Income	\$ 1,800.		\$ 1,857.	\$ 63,550.	\$ 3,511.
Total	\$ 1,800.	\$ 0.	\$ 1,857.	\$ 63,550.	\$ 3,511.

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

Department of the Treasury
Internal Revenue Service

TEEA0408L 08/10/17

Schedule A (Form 990 or 990-EZ) 2017
OMB No. 1545-0047

Schedule of Contributors
G Attach to Form 990, Form 990-EZ, or Form 990-PF.
G Go to www.irs.gov/Form990 for the latest information.

2017

Name of the organization Self Initiated Living Options, Inc.
d/b/a Suffolk Independent Living Org

Employer identification number
11-2721260

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

4947(a)(1) nonexempt charitable trust **not** treated as a 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 G \$ _____

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).

Part I

Name of organization Self Initiated Living Options, Inc.	Employer identification number 11-2721260
---	--

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1--	NYS Education Department 89 Washington Ave. Albany, NY 12234	\$ ---463,324--	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2--	NYS Dept of Health Empire St. Plaza Corning Tower Albany, NY 12237	\$ ---756,701--	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3--	NY Assoc. on Independent Living 155 Washington Ave, Suite 208 Albany, NY 12210	\$ ---611,745--	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4--	NYS Office for the Aging Empire Plaza, Bld 2, 3rd Fl. Albany, NY 12223	\$ ---743,428--	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$ ---	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
---		\$ --	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

BAA

TEEA0702L 08/09/17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Part II

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page

1 to

1 of Part II

Name of organization

Employer identification number

Self Initiated Living Options, Inc.

11-2721260

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
---	N/A	\$	
---		\$	
---		\$	

(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
---------------------------	--	---	----------------------

-----		\$	
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TEEA0703L 08/09/17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 1 to 1 of Part III

Name of organization Self Initiated Living Options, Inc.	Employer identification number 11-2721260
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... G^S N/A Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

BAA

TEEA0704L 08/09/17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

G 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. G Attach to Form 990.

2017

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate value of contributions to (during year)....		
3 Aggregate value of grants from (during year).....		
4 ..Aggregate value at end of year		
5 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements..... b Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included in (a)	2a
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.....	2b
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year G	2c
4 Number of states where property subject to conservation easement is located G	2d

- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year G _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year G\$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... Yes No
- 9 In Part XIII, describe how the organization 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1..... G\$ _____

(ii) Assets included in Form 990, Part X..... G\$ _____

2 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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1..... G\$ _____ b Assets included in Form 990, Part X..... _____

_____ G\$ _____

Schedule D (Form 990) 2017 Self Initiated Living Options, Inc.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV,

line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance. Includes Yes/No checkboxes at the bottom.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment G %
b Permanent endowment G %
c Temporarily restricted endowment G %
The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

Table with columns Yes/No and rows 3a(i), 3a(ii), 3b.

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land..... b Buildings.....				
..... c Leasehold improvements.....				
..... d Equipment.....				
..... e Other.....				
		17,501.	8,750.	8,751.
		71,381.	66,057.	5,324.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....	G			14,075.

BAA Schedule D (Form 990) 2017
 Schedule D (Form 990) 2017 Self Initiated Living Options, Inc. 11-2721260 Page 3

Part VII Investments ' Other Securities. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely-held equity interests.....		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	G	

Part VIII Investments ' Program Related. N/A

(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.)		
G		

Part IX

Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	G

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	

(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	
G	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With 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		12,677,390.		2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	2a b Donated services and use of facilities			2c d Other (Describe in Part XIII.)	
2b c Recoveries of prior year grants	2d e Add lines 2a through 2d				
2e					
3 Subtract line 2e from line 1		3 2,677,390.		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	4a b Other			4c	
(Describe in Part XIII.)	4b				
c Add lines 4a and 4b				4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,677,390.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements		1		2,668,499.	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		2a			
a Donated services and use of facilities	b Prior year adjustments	2b			
c Other losses	d Other (Describe in Part XIII.)	2c			
e Add lines 2a through 2d	2d				
3 Subtract line 2e from line 1		2e			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3		2,668,499.	
a Investment expenses not included on Form 990, Part VIII, line 7b	b Other (Describe in Part XIII.)	4a			
c Add lines 4a and 4b	4b				
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c				

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 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

SIL0 does not believe its financial statements include any material, uncertain tax positions. Tax filings for the periods ending September 30, 2015 and later are subject to examination by applicable taxing authorities.

(10)														
Total.....G\$														

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2017

TEEA4501L 08/09/17

Schedule L (Form 990 or 990-EZ) 2017 Self Initiated Living Options, Inc.

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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Laurie Delgado	Wife of ED	41,000.	Salary		X
(2)					
(3)					
(4)					
(5)					
(6)					

(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Supplemental Information

Laurie Delgado, wife of Executive Director, Joseph Delgado, is an Outreach Specialist for the NY Connect program and receives wages from SILO.

G Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue ServiceG Go to www.irs.gov/Form990 for the latest information.Open to Public
Inspection

Name of the organization

Self Initiated Living Options, Inc.
d/b/a Suffolk Independent Living Org

Employer identification number

11-2721260

Form 990, Part III, Line 1 - Organization Mission

The purpose of the Self-Initiated Living Option Inc. d.b.a. Suffolk Independent Living Organization, is to enable disable citizens of Suffolk County, New York to gain effective control and direction of their lives. SILO stimulates and promotes a growing sense of personal dignity and responsible community participation through training, community development and direct services responsive to the needs of the people.

Form 990, Part III, Line 4a - Program Service Accomplishments

* Surpassed NYSED ACCES-VR ILC Department enrollment expectations goal of 1,700 withan actual count for those service of 7,832 participants in Nassau and Suffolk County * SILO provided advocacy services to 507 cases with 415 having positive results * SILO staff did 601 out reaches in the community, SILO presented to 122 community groups

* SILO provided 4 internship opportunity for students at Suffolk County CommunityCollege Human Services program and Stony Brook University School of Social Work. * SILO participated in 36 School District transition fair and at 5 Disabilities Awareness fairs

Partnered with New York State Association for Independent Living (NYAIL) on the following;

- Open Doors Program to educate people in nursing home on the available opportunities to return and live independently in their community.
- Olmstead Housing Subsidy which provides a percentage of the rent, first month's deposit and moving expenses to those eligible for the program living in Nursing Homes.
- NYS Office for the Aging to administer the NY Connect Services for Long Island

Name of the organization Self Initiated Living Options, Inc. d/b/a Suffolk Independent Living Org	Employer identification number 11-2721260
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Form 990, Part III, Line 4a - Program Service Accomplishments

- NYS ACCES-VR on the Core Rehabilitation Services contract
- Long Island University TRAIID grant for providing medical and assistive technology as part of our free Lending Closet.
- Department of Labor the Dislocated workers grant, and the L.I. Gang Prevention grant
- Little League International, of Williamsport, Pa. to assist with advocacy and recruitment.

Support groups:

- Epilepsy Support group
- Alzheimer Caregiver Support Group
- Support Group for people cross disabilities
- Start the Conversation Group (Support group for those that have recently have become disabled.)
- 'Out AT SILO' (Support Group got people with disabilities that are gay, transgender or questioning)
- Youth Advocacy and Self-Direction Group

Form 990, Part VI, Line 11b - Form 990 Review Process

Management reviewed a draft of the form 990 with the audit/finance committee and provided edits to the tax preparer. After this process was performed, the form 990 was sent to the full board of directors prior to being filed with the IRS.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Each year, the executive committee reviews comparable salaries based on a recognized study and reviews the performance of the executive director to determine if the existing salary falls within these ranges. After a deliberation of this matter, a new proposed salary and benefit package is voted on. The minutes of the board of directors reflect the nature of this process.

Name of the organization Self Initiated Living Options, Inc. d/b/a Suffolk Independent Living Org	Employer identification number 11-2721260
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Schedule O (Form 990 or 990-EZ) (2017)

TEEA4902L 08/09/17

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The governing documents, conflict of interest policy, and financial statements, including the 990, are always available upon request from the public.

