# Form 990

# Change of Accounting Period

# 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.

OMB No. 1545-0047

Open to Public Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2017 calendar year, or tax year beginning 1/01 , 2017, and ending , 2018 Check if applicable: D Employer identification number Address change The Independence Fund, Inc. 26-0322088 9013 Perimeter Woods Dr., Ste. E Name change E Telephone number Charlotte, NC 28216 Initial return (888) 851-7996 Final return/terminated Amended return G Gross receipts \$ 2,716,829 F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Sarah Verardo Yes H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) Same As C Above Yes Tax-exempt status X 501(c)(3) 501(c) ( 4947(a)(1) or ) (insert no.) Website: ► www.independencefund.org H(c) Group exemption number ► K X Corporation Form of organization: Trust L Year of formation: 2007 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: To provide wounded veterans the necessary tools and therapies that are not otherwise provided to them as a result Activities & Governance of injuries incurred while serving in the armed forces. We changed our fiscal year in 2018 to better serve our mission, thus this is a short-year filing. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)... Total number of individuals employed in calendar year 2017 (Part V, line 2a)...... 16 Total number of volunteers (estimate if necessary) 6 20 7a Total unrelated business revenue from Part VIII, column (C), line 12. 0. **b** Net unrelated business taxable income from Form 990-T, line 34...... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 6,385,648 2,674,738. Program service revenue (Part VIII, line 2g). -943,995 30,690. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 11,401. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . 12 5,441,653 2,716,829. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 869,705 442,485. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).... 956,905 711,017. 16a Professional fundraising fees (Part IX, column (A), line 11e)... b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 6,518,088 2,964,795. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 8,344,698 4,118,297. 19 -2,903,045 -1,401,468. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 8,862,174 7,625,323. 21 Total liabilities (Part X, line 26) 170,218. 344,962. 22 8,691,956. 7,280,361. 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 that officer) is based on all information of which preparer has any knowledge. Signature of office Sign Here Sarah Verardo CEO Type or print name and title Print/Type preparer's name Check Paid Terry W. Lancaster self-employed P00096087 Preparer C. DeWitt Use Only Firm's address 817 E. Morehead Street, Ste. 100 Firm's EIN 561688300 Charlotte, NC 28202-2767 Phone no. 704-372-1515

Par	+ III		ce Fund, Inc	<u> </u>		26-	032208	88	Р	age 2
I ai	CIII	Statement of Program S	ervice Accomp	olishments						
1	Briefly	Check if Schedule O contains y describe the organization's mi	a response or note	e to any line in this F	Part III					X
127			ssion:							
	2ee_	Schedule_O								
2	Did the	o organization and the								
2	Form	e organization undertake any signi 990 or 990-EZ?	ficant program serv	ices during the year w	hich were not listed on th	e prior				
								Yes	X	No
3		s,' describe these new services								
ು	If 'Voc	e organization cease conducting	g, or make signific	ant changes in how i	t conducts, any program	m services?.		Yes	X	No
4		s,' describe these changes on S								
	Section and re	be the organization's program s in 501(c)(3) and 501(c)(4) organ evenue, if any, for each program	service accomplish iizations are requir service reported.	ments for each of its ed to report the amo	s three largest program ount of grants and alloc	services, as ations to oth	measure ers, the t	d by ex otal ex	xpens pens	ses. es,
4 a	(Code	) (Expenses \$	2,929,351.	including grants of	\$	) (Revenue	S		1100	``
	See						٧		(-1)-h	
4 h	(Code:	) (Expenses \$				G. Vision				
40	(code.	) (Expenses \$		including grants of	\$	) (Revenue	\$			)
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		rogram services (Describe in So	70							
	Expens		including grants	of \$	) (Revenue	\$		)		
4eT	otal pr	ogram service expenses 🕨	2,929,3	351.						

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		х	
2	2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	-		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4	Х	•••
5		5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part 1			Х
7				Х
8				Х
9				Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V			Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			177
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 Ь		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12Ь		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 8	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
ł	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		<u>х</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	19		X
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Form 990 (2017) The Independence Fund, Inc.

Part IV | Checklist of Required Schedules (continued)

20	D. D. Lu		Yes	No
20	Da Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	. 20a	1000	X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20b		
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? If 'Yes,' complete Schedule I, Parts I and II	. 21	Х	
22	2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	242		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part L	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
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? If 'Yes,' complete Schedule L, Part III.	27		Х
	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):			
2	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
()	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		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>	30		Х
31		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
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# Form 990 (2017) The Independence Fund, Inc. 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....

1. Fig. 11.		Yes	
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	a 31		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.	v	18
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	1 c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	To allow	х	D.
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2 b	Λ	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		Λ
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		Х
b if res, enter the name of the foreign country: ►	74		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1 11	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	Х
billion billion billion billion and taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c if res, to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).	6 b		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and bif 'Yes' did the organization polity the decrea (1).		So.	Х
b in rest, and the organization notify the donor of the value of the goods or services provided?	7 a	_	
Form 8282?	7 c		Х
an res, indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	Des l	X
find the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	_	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.		-	
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	80 (	
bild the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	-+	-
Section 501(c)(7) organizations. Enter:		$\rightarrow$	
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
bil 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.			MERCEJO
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			
c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	14 b		
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Form 990 (2017) The Independence Fund, Inc. 26-0322088 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 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad 3 authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent. . . . 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 5 Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... X 86 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?.... 10a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See Schedule 0 ..... X 12 c 13 Did the organization have a written whistleblower policy?.... X 13 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See. Schedule. O. ..... 15a X b Other officers or key employees of the organization...See. Schedule 0..... X 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... X 162 b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ FL NC SC 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. Another's website X Upon request Other (explain in Schedule O) 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 State the name, address, and telephone number of the person who possesses the organization's books and records: Tammy Heap 9013 Perimeter Woods Dr., Ste E Charlotte NC 28216 (888) 851-7996

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Independent	on of Officers, Directors, Trustees, Key Employees, F t Contractors	ighest Compensated Employees,	and

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
  organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 relat				(C						
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	13	s both dir	(do r	not check more c, unless person officer and a or/trustee)		9	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Arthur Pue	5									
Chairman	0	X		X				0.	0.	0.
(2) Richard Gross	5								- 0.	0.
Secretary	0	X		Х				0.	0.	0.
(3) David Henninger	5								0.	0.
Treasurer	0	X		Х				0.	0.	0.
(4) Sarah Verardo	_ 55									0.
CEO	0			Х				74,293.	0.	0.
(5) Tammy Heap	_ 55 _									0.
C00	0			X				62,341.	0.	0.
(6)										
							+			
							1			
(9)			+			-	+			
(10)			+	-	-		+			
(11)		_				_	_			
			1							
(12)										
(13)			1	1		1	1			
(14)		+		+	-	-	+			
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Part VII   Section A. Officers, Directors, Tr	ustees,	Key	/ En	npl	oye	es,	an	d Highest Con	pensated Em	ployee	S (coi	ntinued,
	(B)	(C)										
(A) Name and title	Average hours per	DO:	x, uni	check ess c	ersor	e than is bo tor/tru:	th an	(D)  Reportable compensation from	(E)  Reportable compensation from		(F) Estimate	
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	co or a	ount of empensa from th rganizat and relat ganizati	ation le tion ted
(15)												
(16)												
(17)						-					over with	
(18)												
(19)									).			
(20)												
(21)		-										
(22)									10.50			
(23)												
(24)												
(25)			-	-			-					
11.6.1										raspa_se_		
1 b Sub-total						1	-	136,634.	0.		-00103	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	on A							0.	0.			0.
Total number of individuals (including but not limited	to those li	stad :	ahov	۰۰۰۰	ho r	occiv	04 5	136,634.	0.			0.
from the organization > 0	10 111036 11	sieu i	1000	e) w	110 1	eceiv	eu n	nore than \$100,000	of reportable comp	ensation	1	
3 Did the organization list any former officer, direct	or, or trus	stee.	kev	emi	olov	ee o	r hi	ahest compensate	ed employee	75	Yes	No
on the rat in rest, complete schedule 3 for such	i iriaiviau.	al								. 3		X
the organization and related organizations greater	r than & I	211 111	117 1	+ 'V	00 '	aana	nlaki	a Cabadala II-				T E
5 Did any person listed on line 1a receive or accrue	compan	sation		 m . o		 imral						Х
ior services rendered to the organization? If Yes,	' complet	e Sci	hedu	ıle J	for	suct	n pe	rson		. 5		Х
1 Complete this table for your five highest company	atad inda		lon4									
compensation from the organization. Report compens	ation for t	he ca	lend	ar y	ear e	endin	g wi	th or within the orga	an \$100,000 of anization's tax year			
Name and business addre	ess							(B) Description of		(C Compe	;) nsatio	n
Carlson Mobility 600 W. University Dr. Arli	ngton H	eigh	ts,	IL	60	004	I	All-terrain mol	bility	1	69,5	574.
TSS Equipment LLC 14302 Pigeon River Rd Cle	veland,	WI	530	15			100	All-terrain mol	bility		43,1	
Propper Daley, LLC 6830 Wilshire Blvd Los A Innovation in Motion 201 Growth Pkwy Angola	ngeles,	CA	900	48				Marketing			47,8	
Psycharmor Institute 111199 Sorrento Valley	Dd C+	703	2 C		D.		C	All-terrain mol	bility		05,7	
Total number of independent contractors (including but	it not limit	ed to	thos	an e lie	n16	go, abov		ho received more "	S	1.	50,0	100.
\$100,000 of compensation from the organization	- 5	JU 10	103	C 113	icu i	above	J W	no received more tr	iail			

-	Check if Schedule O contains a response or note to any	y line in this Part VI			
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Program Service Revenue and Other Similar Amounts	to the property of the propert	2,674,738.	revenue		512-514
E S	e				
ogra	f All other program service revenue				
-g	g Total. Add lines 2a-2f				
	<ul> <li>Investment income (including dividends, interest and other similar amounts).</li> <li>Income from investment of tax-exempt bond proceeds.</li> <li>Royalties</li> </ul>	30,690.			30,690.
	(i) Real (ii) Personal  6 a Gross rents  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  b Less: cost or other basis and sales expenses				
	c Gain or (loss)	2 p		near a Target	
	d Net gain or (loss)				
Other Revenue	8a Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18				
	9 a Gross income from gaming activities. See Part IV, line 19				
	c Net income or (loss) from gaming activities ▶	74	4 23 55 1 4 20	- 0-	
1	b Less: cost of goods sold	11 401		4	
	Miscellaneous Revenue Business Code	11,401.	11,401.		- ((20, 10, 11, 12, 12, 12, 12, 12, 12, 12, 12, 12
1	b c d All other revenue.		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	e Total. Add lines 11a-11d.				
1	2 Total revenue See instruction	2,716,829.	11,401.	0.	30,690.

# Form 990 (2017) The Independence Fund, Inc. 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

	Check if Schedule O contains a re	esponse or note to any	line in this Part IX	mpiete column (A).	X
Do 6b	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	organizations and domestic governments. See Part IV, line 21	442,485.	442,485.	general expenses	expenses
2	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	136,634.	64 210	40.057	
6			64,218.	42,357.	30,059.
7		0.	0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	417,537.	193,573.	124,947.	99,017.
9	Other employee benefits	108,015.	50,246.	22 (10	25 150
10	Payroll taxes	48,831.	22,716.	32,610. 14,742.	25,159.
11	Fees for services (non-employees):	10,031.	22,710.	14,742.	11,373.
	a Management				
1	b Legal				
	Accounting				
	d Lobbying				
(	Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.S.Ch.	466,794.	174,500.	251,643.	40,651.
12	and promotion	278,035.			278,035.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	339,413.	303,319.	12,765.	23,329.
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9,031.		9,031.	
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.).			3,031.	o
a	Grants and direct assistance	1,484,840.	1,484,840.		
b	Office & comunications	146,830.	95,796.	31,288.	19,746.
	Facilities & equipment	132,812.	48,325.	63,271.	21,216.
d	Client-specific assistance	61,891.	40,232.	476.	21,183.
e	All other expenses	45,149.	9,101.	6,778.	29,270.
	Total functional expenses. Add lines 1 through 24e	4,118,297.	2,929,351.	589,908.	599,038.
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  ☐ if following  SOP 98-2 (ASC 958-720)				
BAA	7 - V C 730 / E0 /				F 000 (0017)

Part X Balance Sheet

2   36/11/19   3   Pletdiges and grants receivable, net   581,832   3   170,694	9		Check if Schedule O contains a response or note t	o any I	ine in this Part X			
Savings and temporary cash investments						(A)		
Savings and temporary cash investments		1	Cash — non-interest-bearing			4.909.645	1	4 118 712
Secure   S		1	Savings and temporary cash investments	* * * * * * * * * * * * * * * * * * * *				
A Accounts receivable, net.   4   5   5   5   5   5   5   5   5   5		3	Pleages and grants receivable, net				_	
Loans and other receivables from current and former officers, directors   Tustess, key employees, and highest compensated employees. Complete   Fart   II of Schedule   S		4	Accounts receivable, net		, , , , , , , , , , , , , , , , , , , ,	301,032	_	170,034
Canas and other receivables from other disqualified persons (as defined under section 49580(11)), persons described in section 4958(6(3)(8), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L.	its	5						
7   Notes and loans receivable, net.   7   8		6	Loans and other receivables from other discustified					
8   Inventories for sale or use   8   9   22,589		7	Notes and loans receivable, net		or soriodale c		3 500	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.   10a   459, 350.   10c   137, 476.   11   Investments – publicly traded securities   2,688, 343.   11   3,079, 122.   12   Investments – publicly traded securities   2,688, 343.   11   3,079, 122.   13   Investments – program-related. See Part IV, line 11   3,920.   12   13   Investments – program-related. See Part IV, line 11   3,920.   12   13   Investments – program-related. See Part IV, line 11   14   14   15   15   15   15   15	sse	8	Inventories for sale or use				-	
10 a Land, buildings, and equipment: cost or other basis.   10 a   459,350.	A	9	Prepaid expenses and deferred charges					
b Less: accumulated depreciation		10:	a Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D.	10a			9	22,589.
Investments - publicly traded securities   2,688,343, 11   3,079,122		ı	Less: accumulated depreciation	10b		200 252	10-	107 176
12   Investments - other securities. See Part IV, line 11.   3,920. 12   3,973,122.   13   Investments - program-related. See Part IV, line 11.   14   Intangible assets.   14   14   15   15   16   16   16   17   16   17   16   17   16   17   17			Investments – publicly traded securities		321,014.			
13   Investments — program-related. See Part IV, line 11.		12	Investments – other securities. See Part IV line 11	*****				3,079,122.
14		13	Investments - program-related See Part IV line 11			3,920.		
15 Other assets. See Part IV, line 11.   16 Total assets. Add lines 1 through 15 (must equal line 34).   8,862,174.   16 7,625,323.   17 Accounts payable and accrued expenses   125,693.   17 144,724.   18 Grants payable and accrued expenses   125,693.   17 144,724.   18 Grants payable   18 155,000.   18 155,000.   18 155,000.   19 Deferred revenue		14	Intangible assets	****				
16   Total assets. Add lines 1 through 15 (must equal line 34).   8,862,174.   16   7,625,323.     17   Accounts payable and accrued expenses   125,693.   17   144,724.     18   Grants payable   18   155,000.     19   Deferred revenue   19   19     20   Tax-exempt bond liabilities   20   21     21   Escrow or custodial account liability. Complete Part IV of Schedule D   21     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 D   22     23   Secured mortgages and notes payable to unrelated third parties   23     24   Unsecured notes and loans payable to unrelated third parties   24     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   44,525.   25   45,238.     26   Total liabilities. Add lines 17 through 25   70   70   70   70   70   70   70   7		15	Other assets. See Part IV line 11					
Tax-exempt bond liabilities  Permanently restricted net assets  Torganizations that follow SFAS 117 (ASC 958), check here hand complete lines 30 through 34.  Torganizations that do not follow SFAS 117 (ASC 958), check here hand complete lines 30 through 34.  Torganizations that do not follow SFAS 117 (ASC 958), check here hand complete lines 30 through 34.  Total liabilities and net assets or fund balances  Total liabilities and net assets fund balances  Total liabilities and net assets/fund balances			Total assets Add lines 1 through 15 (must equal line	24)			-	
Tax exempt bond liabilities  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part I of Schedule L.  Secured mortgages and notes payable to unrelated third parties.  Complete Part I of Schedule L.  Secured mortgages and notes payable to unrelated third parties.  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.  Total liabilities. Add lines 17 through 25.  Total liabilities. Add lines 17 through 25.  Total liabilities and lines 33 and 34.  Unrestricted net assets.  Temporarily restricted		17	Accounts payable and accrued expenses	34)				7,625,323.
Deterred revenue	Į.		Grants payable			125,693.		
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 22 23 24 25 25 25 24 25 25 25 24 25 25 26 25 26 25 26 26 27 26 27 27 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29		19	Deferred revenue					155,000.
21 Escrow or custodial account liability. Complete Part IV of Schedule D	- 8	20	Tax-exempt bond liabilities				1	
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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. 26 Total liabilities. Add lines 17 through 25.	S	21	Escrow or custodial account liability Complete Part II	/ of So	hodula D			
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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. 26 Total liabilities. Add lines 17 through 25.	abilitie	22	Loans and other payables to current and former office key employees, highest compensated employees, and	rs, dire	ctors, trustees,	sal a l'a vacca di		
24 Unsecured notes and loans payable to unrelated third parties.  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.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  29 Permanently restricted net assets.  20 Organizations that do not follow SFAS 117 (ASC 958), check here And complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  34 Total liabilities and net assets/fund balances.  36 Paid-in expression of fund balances.  37 Otal net assets or fund balances.  38 Paid-in expression of fund balances.  39 Paid-in expression of fund balances.  30 Paid-in expression of fund balances.  30 Paid-in expression of fund balances.  31 Paid-in expression of fund balances.  32 Paid-in expression of fund balances.  33 Paid-in expression of fund balances.  34 Paid-in expression of fund balances.  35 Paid-in expression of fund balances.  36 Paid-in expression of fund balances.  37 Paid-in expression of fund balances.  38 Paid-in expression of fund balances.  39 Paid-in expression of fund balances.  30 Paid-in expression of fund balances.  30 Paid-in expression of fund balances.  31 Paid-in expression of fund balances.  32 Paid-in expression of fund balances.  33 Paid-in expression of fund balances.  34 Paid-in expression of fund balances.  35 Paid-in expression of fund balances.  36 Paid-in expression of fund balances.  37 Paid-in expression of fund balances.  38 Paid-in expression of fund balances.  39 Paid-in expression of fund balances.  30 Paid-in expression of fund balances.  30 Paid-in expression of fund bal	-	23	Secured mortgages and notes payable to unsoluted the					
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.  26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here Inies 27 through 29, and lines 33 and 34.  27 Unrestricted net assets.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  34 Total liabilities and net assets/fund balances.  36 A Total liabilities and net assets/fund balances.  37 A Total liabilities and net assets/fund balances.  38 A SAA			Unsecured notes and loans payable to unrelated th	ira part	ies		-	
Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets.  Temporarily restricted net assets.  Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC 958), check here ► And complete lines 30 through 34.  Capital stock or trust principal, or current funds.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  170, 218. 26 344, 962.  344, 962.  8, 691, 956. 27 6, 796, 936.  28 483, 425.  29  30 31 32 31 32 32 33 31 34 36, 691, 956. 33 37, 280, 361. 38 38 38 38 39 30 30 31 32 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 33 34 34 34 35 36 37, 280, 361. 38 38 38 38 39 30 30 30 31 32 32 33 34 34 35 36 37 37 38 38 38 38 38 38 39 39 30 30 30 31 32 32 33 31 32 32 33 31 32 32 33 31 32 32 33 31 32 32 33 33 34 34 34 35 36 37 37 38 38 38 38 38 38 38 38 38 38 38 38 38			Other liabilities (including foderal increased filled	parties			24	
Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.  Unrestricted net assets.  Remporarily restricted net assets.  Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  Retained earnings, endowment, accumulated income, or other funds.  Total liabilities and net assets/fund balances.  Retained earnings, endowment, accumulated income, or other funds.  Total liabilities and net assets/fund balances.  Retained earnings, endowment, accumulated income, or other funds.  Retained earnings, endowment, accumulat		100-1502	and other liabilities and including lederal income tax, payable and other liabilities not included on lines 17-24). Comp	s to rela plete Pa	art X of Schedule D.			45,238.
Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  Total liabilities and net assets/fund balances  8,691,956. 27 6,796,936. 28 483,425. 29  Capital stock or trust principal, or current funds 30 31 32 33 34 35 36 37,280,361. 38 38 38 39 30 30 31 31 32 32 33 31 32 33 31 32 33 31 32 33 32 33 33 34 34 35 36 37 37 38 38 38 38 38 38 38 38 38 38 38 38 38			Organizations that follow SEAS 117 (ASC 050)			170,218.	26	344,962.
34 Total liabilities and net assets/fund balances 8, 862, 174. 34 7, 625, 323.	68		lines 27 through 29, and lines 33 and 34	e F	X and complete			
34 Total liabilities and net assets/fund balances 8, 862, 174. 34 7, 625, 323.	2	27	48 44 200 BARE 12 202 12 시간 10 10 10 10 10 10 10 10 10 10 10 10 10		93			
34 Total liabilities and net assets/fund balances 8, 862, 174. 34 7, 625, 323.	ala				********	8,691,956.		6,796,936.
34 Total liabilities and net assets/fund balances 8, 862, 174. 34 7, 625, 323.	B		Permanently restricted not assets				1	483,425.
34 Total liabilities and net assets/fund balances 8, 862, 174. 34 7, 625, 323.	E	23	Organizations that do not fell of Control of the Co			29		
34 Total liabilities and net assets/fund balances 8, 862, 174. 34 7, 625, 323.	or Fu		and complete lines 30 through 34.			F 1		
34 Total liabilities and net assets/fund balances 8, 862, 174. 34 7, 625, 323.	ts		Capital stock or trust principal, or current funds			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	30	
34 Total liabilities and net assets/fund balances 8, 862, 174. 34 7, 625, 323.	SS		Paid-in or capital surplus, or land, building, or equipme	ent fund	1			
34 Total liabilities and net assets/fund balances 8, 862, 174. 34 7, 625, 323.	t A		Retained earnings, endowment, accumulated income,	r funds				
34 Total liabilities and net assets/fund balances 8, 862, 174. 34 7, 625, 323.	Se		Total net assets or fund balances			8,691.956		7.280 361
300			Total liabilities and net assets/fund balances					
	BAA	1				.,,		

For	n 990 (2017) The Independence Fund Inc				
	n 990 (2017) The Independence Fund, Inc.  rt XI Reconciliation of Net Assets	26-0322088	<u> </u>	Р	age 1
1	Check if Schedule O contains a response or note to any line in this Part XI				
2	Total expenses (must equal Part VIII, column (A), line 12).	1	2,	716,	829
3	Total expenses (must equal Part IX, column (A), line 25)	2	4,1	118,	297
Δ	Revenue less expenses. Subtract line 2 from line 1.	3	-1,4	101,	468
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		591,	
6	Net unrealized gains (losses) on investments	5		-10,	
7	Donated services and use of facilities	6			
8	Investment expenses.	7			
9	Prior period adjustments	8			
10	Other changes in net assets or fund balances (explain in Schedule O).	9	7-1000		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))				
Pai	t XII Financial Statements and Reporting	10	7,2	280,3	361.
	NO MOTA				
	Check if Schedule O contains a response or note to any line in this Part XII				Г
				Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other				E
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			5 a	-
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			= 4	.,,
			2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:	iewed on a	ide i	4 3	- 1
	Separate basis Consolidated basis Both consolidated and separate basis		-		8 218
b	Were the organization's financial statements audited by an independent accountant?				
	If Yes, check a box below to indicate whether the financial statements for the		2b	Х	
		parate		1 730	
	X 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 a		S. 100 P.		-
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the arreview, or compilation of its financial statements and selection of an independent accountant?		2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			2	

3 a

3 b

Form 990 (2017)

3 a 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?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

BAA

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

TEEA0112L 08/08/17

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

Department of the Treasury Internal Revenue Service

Name of the organization

# Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number The Independence Fund, Inc. 26-0322088 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations. g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (ii) EIN (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) in your governing document? (A) (B) (C) (D) (E) Total

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.)

Se	ction A. Public Support				,		
beg	endar year (or fiscal year jinning in) ►	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	membership fees received. (Do not include any 'unusual grants.').	15974321.	13336490	9.132 725	6 385 648	2,674,738.	47,503,922.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			7,132,123.	0,303,040.	2,074,730.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	return ridd imes i tillough a	15974321.	13336490.	9.132.725	6 385 648	2,674,738.	0. 47,503,922.
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)			7,132,123.	0,303,040.	2,074,736.	
6	Public support. Subtract line 5 from line 4.						0.
Sec	tion B. Total Support					ALUMB THE SE	47,503,922.
beg	endar year (or fiscal year inning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	15974321.	13336490.	9,132,725.	6,385,648.	2,674,738.	47,503,922.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	40,868.	14,789.	205,923.	36,486.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	10,000.	11,703.	203, 323.	30,400.	30,690.	328,756.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						47,832,678.
12	Gross receipts from related activi	ties, etc. (see inst	tructions)			12	0.
13	First five years. If the Form 990 is forganization, check this box and	or the organization' stop here	s first, second, thi	1 ( 0 (0)			
Sec	tion C. Computation of Pub	lic Support Pe	ercentage				
14	Public support percentage for 201	17 (line 6, column	(f) divided by lin	e 11, column (f)).			99.31 %
	Public support percentage from 2					V. 10. 10. 1	99.46%
16a	<b>33-1/3% support test—2017.</b> If th and <b>stop here.</b> The organization of	e organization did qualifies as a publ	not check the bicly supported or	ox on line 13, and ganization	l line 14 is 33-1/3	% or more, check	this box
b	<b>33-1/3% support test—2016.</b> If the and <b>stop here.</b> The organization of	organization did	not check a hov	on line 12 or 16s	and line 15 in 22	1/20/	
17a	10%-facts-and-circumstances tes or more, and if the organization n the organization meets the 'facts-	st—2017. If the org neets the 'facts-ar and-circumstance	panization did not nd-circumstances s' test. The organ	t check a box on I test, check this to nization qualifies a	ine 13, 16a, or 16 box and <b>stop her</b> as a publicly supp	bb, and line 14 is e. Explain in Part ported organizatio	10% VI how n ▶ □
	10%-facts-and-circumstances tes or more, and if the organization n organization meets the 'facts-and	-circumstances' te	est. The organiza	test, check this t tion qualifies as a	oox and stop here publicly supporte	e. Explain in Part ed organization	VI how the ►
18	Private foundation. If the organiza	ation did not chec	k a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see ins	tructions ►
BAA					0.1		

# 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.)

Se	ction A. Public Support	ests listed below,	please complete	Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(A) 0016			
1		(a) 2013	<b>(b)</b> 2014	(6) 2015	(d) 2016	(e) 20	017	(f) Total
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)		j j 4					
	tion B. Total Support							
	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 20	7	(f) Total
	Amounts from line 6					. , ,		(1)
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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					-		
	gain or loss from the sale of capital assets (Explain in Part VI.).			E)				
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is organization, check this box and	stop nere		nd, third, fourth, o	r fifth tax year as a	section 5	01(c)(3)	
Sec	tion C. Computation of Pub	olic Support P	ercentage					
15	Public support percentage for 201	7 (line 8, column	(f) divided by lin	e 13, column (f))			15	%
16	Public support percentage from 2	016 Schedule A,	Part III, line 15				16	્રે
Sec	tion D. Computation of Inve	estment Incon	ne Percentage		17			
17	Investment income percentage for	r 2017 (line 10c,	column (f) divide	d by line 13, colur	mn (f))		17	90
18	Investment income percentage from	om 2016 Schedul	e A, Part III, line	17			18	0/0
19a	33-1/3% support tests—2017. If this not more than 33-1/3%, check	ne organization di this box and <b>stop</b>	d not check the be here. The organ	oox on line 14, an ization qualifies a	d line 15 is more t	han 33-1/3	zation	ine 17 ▶ □
	33-1/3% support tests—2016. If the line 18 is not more than 33-1/3%,	ne organization di check this box a	d not check a boand not check a board not check a board not consider the constant of the constant and constant of the constant	x on line 14 or line or ganization qua	e 19a, and line 16 alifies as a publicly	is more the	an 33-1/3	3%, and ►
20	Private foundation. If the organization	ation did not ched	ck a box on line 1	4, 19a, or 19b, ch	neck this box and s	see instruc	tions	▶ □

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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		T d	
2	2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	1		
3	la Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	2		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3a		
	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.	3b 3c		i esta
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		×
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	1 5	
ı	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
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).	7		å i saar
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
С	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 <b>Part VI</b> .	9c	Qia di	
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

	edule A (Form 990 or 990-EZ) 2017 The Independence Fund, Inc. 26-032208  rt IV Supporting Organizations (continued)	8	F	Page !
11	Use the second of the second o		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			1
	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?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
1	Did the directors trustees as manhants of		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	j	
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		ME Me Je
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	120 1	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	×	
Sec	tion 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).			
а				
b	Supported organizations. Complete line's below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	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 <b>Part VI</b> the role played by the organization in this regard.	3b	2	
BAA		100		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions	22088 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	20, 1070 (avalais is	Part VI). See through E.
Sec	tion 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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	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		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			100 Page 1
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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	THE COLUMN	
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated (see instructions).	grated 7	Гуре III supporting orga	anization

BAA

Schedule A (Form 990 or 990-EZ) 2017

	redule A (Form 990 or 990-EZ) 2017 The Independence Fur	nd, Inc.	26-03	22088 Page
	ort V Type III Non-Functionally Integrated 509(a)(3) Suction D – Distributions	apporting Organiza	ations (continued)	
1		rnaga		Current Year
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported organization	ns	
	in excess of income from activity		,	
3	Administrative expenses paid to accomplish exempt purposes of su	apported organizations		
4	assets			
5	prior in approval required)			
-6	- mer distributions (describe in Fait VI). See instructions.			
$\frac{7}{2}$	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
8	in Part VI). See instructions.	on is responsive (provide	details	
9	The section C, line b		05	
_10	Line 8 amount divided by line 9 amount			
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Distributable amount for 2017 from Section C, line 6			
2000	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			
- 2				
t	P From 2013	- 141/49		
	From 2014			
c	From 2015	Lateral Experience		
	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)		gar plant and a straight	Test Effor An Ion
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2017 from Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount		COMMUNICATION OF THE RES	
С	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.			
	Breakdown of line 7:			
a	Excess from 2013			
	Excess from 2014			
	Excess from 2015		Wante In Contract	
150	Excess from 2016			

e Excess from 2017..... BAA

Schedule A (Form 990 or 990-EZ) 2017

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

# SCHEDULE C (Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2017

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III

Ivaille	The Ind	ependence Fund, Inc.		Employer identifie	cation number
Do				26-032208	38
Pa	rt I-A   Complete if the c	organization is exempt under sect	ion 501(c) or is a	section 527 organi	ization.
1	(see instructions for definition	organization's direct and indirect political on of 'political campaign activities')			
2	Political campaign activity e	expenditures (see instructions)		► <u>9</u>	3
3	Volunteer hours for political	campaign activities (see instructions)			
Pa	rt I-B   Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any ex-	cise tax incurred by the organization under	section 4955	► <u>s</u>	0.
2	Enter the amount of any ex	cise tax incurred by organization managers	s under section 4955		0
3	If the organization incurred	a section 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4 8	a Was a correction made?				Yes No
	olf 'Yes,' describe in Part IV.				
Pai	t I-C Complete if the o	rganization is exempt under secti	on 501(c), excer	t section 501(c)(3)	
1	Enter the amount directly ex	spended by the filing organization for section	on 527 exempt function	on activities	
2	Enter the amount of the filing	organization's funds contributed to other organ	nizations for soction E2	7	
3	Total exempt function exper	nditures. Add lines 1 and 2. Enter here and	Lon Form 1120 POL		
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification number (EIN) s. For each organization listed, enter the a as received that were promptly and directly delal action committee (PAC). If additional span	of all section 527 po	itical organizations to w	which the filing
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Part II-A Complete if the section 501(h	ne organizat	ion is exempt under s		d filed Form 5768 (ele	ction under
		ongs to an affiliated group (ar	nd list in Part IV each affi	listed group member's pame	
address, E	IN, expenses,	and share of excess lobbying	ng expenditures).	nated group member 5 hame,	
		hecked box A and 'limited o			
	expenditures' n	bying Expenditures neans amounts paid or incu		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	es to influence	public opinion (grass roots	lobbying)	252.	
<b>b</b> Total lobbying expenditure	es to influence	a legislative body (direct lo	bbying)	18,885.	
c Total lobbying expenditure	es (add lines 1a	a and 1b)		19,137.	0.
d Other exempt purpose ex					
e Total exempt purpose exp				3,547,526.	0.
f Lobbying nontaxable amo	ount. Enter the	amount from the following t	able in		
		The lebeline and the		327,376.	
If the amount on line 1e, colum Not over \$500,000	in (a) or (b) is:	The lobbying nontaxable 20% of the amount on line 1e.	e amount is:		
Over \$500,000 but not over \$1,00	00.000	\$100,000 plus 15% of the exces	000 0027 2000 20		
Over \$1,000,000 but not over \$1,5		\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over \$17		\$225,000 plus 5% of the excess			
Over \$17,000,000	,,	\$1,000,000.	5 0VC1 \$1,500,000.		
g Grassroots nontaxable am	nount (enter 25			81,844.	0
h Subtract line 1g from line	1a. If zero or le	ess, enter -0		0.	0.
i Subtract line 1f from line	1c. If zero or le	ss, enter -0		0.	0.
Veri	organizations t	4-Year Averaging Period hat made a section 501(h) o below. See the separate ins	Under section 501(h)	complete all of the five	Yes No
		bbying Expenditures Durin			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) Total
2 a Lobbying nontaxable amount				327,376.	327,376.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					491,064.
c Total lobbying expenditures				19,137.	19,137.
d Grassroots nontaxable amount				81,844.	81,844.
e Grassroots ceiling amount (150% of line 2d, column (e))		_			122,766.
f Grassroots lobbying expenditures				252.	252.
BAA				Schedule C (Form	990 or 990-FZ) 2017

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

for each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbyring activity.  1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative malter or referendum, through the use off.  a Volunteers?.  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.  c Media advertisements?.  d Mailings to members, legislators, or the public?.  d Mailings to members, legislators, or the public?.  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?.  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i.  2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?.  bl if "Yes," enter the amount of any tax incurred under section 4912.  cl if "Yes," enter the amount of any tax incurred by organization managers under section 912.  dl if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in house lobbying expenditures of \$2,000 or less?  3 Did the organization and make only in house lobbying expenditures of \$2,000 or less?  2 Did the organization and the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expensitures for which the section 527(f) tax was paid).  4 If notices we	(election under section 501(h)).	(a	)	(	b)	
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Section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 4 Dues, assessments and similar amounts from members 4 Dues, assessments and similar amounts from members 5 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 4 Current year. 5 Carryover from last year. 6 Carryover from last year. 7 Dues, assessments and similar amounts from members. 1 Dues, assessments and similar amounts from members. 1 Dues, assessments and similar amounts from members. 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid). 2 Section 162(e) nondeductible section 162(e) dues. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expension agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	Part III-A Complete if the organization is exempt under section 501(c)(4) section 501(c)	VE			885/10-11-E	
1 Were substantially all (90% or more) dues received nondeductible by members?	section 501(c)(6).	)(၁),	or			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?.  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)  (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members.  1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year.  b Carryover from last year.  c Total.  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.  3 Aggregate amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?					Yes N	0
Part III-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members.	1 Were substantially all (90% or more) dues received nondeductible by members?			1		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)  (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members. 1  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year. 2a  b Carryover from last year. 2b  c Total 2c  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4	2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
1 Dues, assessments and similar amounts from members. 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. 2a b Carryover from last year. 2b c Total. 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4	3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the pr	or ye	ar?	3		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year. 2a b Carryover from last year. 2b c Total. 2c  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 3  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4	answered 'Yes.'	art I	or se II-A, I	ection 50 ine 3, is	)1(c)	
expenses for which the section 527(f) tax was paid).  a Current year.  b Carryover from last year.  c Total.  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  4	1 Dues, assessments and similar amounts from members		1			
a Current year.  b Carryover from last year.  c Total.  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
b Carryover from last year.  c Total.  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?			2 a			
c Total						
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?						
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?			_			
expenditure next year?			+			
5 Taxable amount of lobbying and political expenditures (see instructions)	4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
	5 Taxable amount of lobbying and political expenditures (see instructions).					

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number The Independence Fund, Inc. 26-0322088 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 Total number at end of year ..... 2 Aggregate value of contributions to (during year)..... Aggregate value of grants from (during year). . . . . . . . . Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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..... 2 b d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a 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..... (ii) Assets included in Form 990, Part X. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. 

Sign and the same of the same			4,	6	
(A) ¥		7		,	
Schedule <b>D</b> (Form 990) 2017 The I	ndenende	ence Fund Inc		26-032	22088 Page 2
Part III Organizations Maintai	ning Colle	ections of Art. Histo	orical Treasures, o	r Other Similar Ass	sets (continued)
3 Using the organization's acquisition, items (check all that apply):	accession, a	and other records, check a	any of the following that a	re a significant use of its	collection
a Public exhibition		d \ Loan	or exchange programs		
<b>b</b> Scholarly research		e Other			
c Preservation for future genera	ations				
4 Provide a description of the organiza	ation's collect	ions and explain how the	y further the organization	s exempt purpose in	
Part XIII.					
5 During the year, did the organizat to be sold to raise funds rather th	ion solicit or an to be ma	receive donations of a	t, historical treasures, o	or other similar assets	Yes No
Part IV Escrow and Custodial					
line 9, or reported an a	amount on	Form 990, Part X,	line 21.	Sweled 165 off (	71111 330, 1 art 1V,
				22 7370 4174 12	
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodia	in or other intermediary	for contributions or oth	er assets not included	Yes No
b If 'Yes,' explain the arrangement	in Part XIII a	and complete the follow	ing table:		
			3		Amount
c Beginning balance				1c	0/10/04/2000
d Additions during the year					
e Distributions during the year					
f Ending balance					
2 a Did the organization include an ar	nount on Fo	rm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check here if the explain	nation has been provide	ed on Part XIII	
Part V   Endowment Funds. Co	omplete if	the organization ar	swered 'Yes' on Fo	orm 990, Part IV, li	ne 10.
	(a) Current	year (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains,					
and losses.					
d Grants or scholarships					
e Other expenditures for facilities and programs.					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	of the curre	nt year end balance (lir	ne 1g. column (a)) held	as:	
a Board designated or quasi-endowme		%	3, (-//		
<b>b</b> Permanent endowment ►	96				
c Temporarily restricted endowment	-	%			
The percentages on lines 2a, 2b, and	d 2c should e	qual 100%.			
3 a Are there endowment funds not in th organization by:	e possession	of the organization that a	are held and administered	for the	Yes No
(i) unrelated organizations					
(ii) related organizations					
b If 'Yes' on line 3a(ii), are the relat					
4 Describe in Part XIII the intended					
Part VI Land, Buildings, and E					
Complete if the organiz			n 990. Part IV line	11a. See Form 90	0. 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
1 a Land		(iiii osiiiioiii)	Sasis (other)	aspresiation	
<b>b</b> Buildings					

# F

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
<b>b</b> Buildings				
c Leasehold improvements		15,022.	2,528.	12,494.
d Equipment		316,737.	254,605.	62,132.
<b>e</b> Other		127,591.	64,741.	62,850.
otal. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, co	olumn (B), line 10c.)		137,476.

BAA

Schedule **D** (Form 990) 2017

Schedule D (Form 990) 2017 The Independence F	1	* *	
Part VII Investments – Other Securities.	und, Inc.	26-0322088	Page 3
Complete if the organization answered	'Yes' on Form 990	N/A ), Part IV, line 11b. See Form 990, Part X,	line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives	(-,	(C) incured of variation, cost of end-of-year market value	16
(2) Closely-held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >			
Part VIII Investments - Program Related.	GAMETI V TO 1995 ADMINISTRA	N/A	
Complete if the organization answered	'Yes' on Form 990	, Part IV, line 11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market	t value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).			
Part IX Other Assets.	N/A	THE RESERVE OF THE PERSON OF T	
Complete if the organization answered	Yes' on Form 990.	, Part IV, line 11d. See Form 990, Part X,	line 15
	ription	(b) Book v	
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			-
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B)	line 15.)	<b>.</b>	
Part X Other Liabilities			
Complete if the organization answered 'Yes' on For	m 990, Part IV, line 11e	e or 11f. See Form 990, Part X, line 25	
(a) Description of liability (1) Federal income taxes	(b) Book value		Asia e Pasa de Sa
(2) Payroll liabilities	15.000		
(3)	45,238	Hara da	
(4)			
(5)			
(6)			
(7)			

(8) (9) (10)(11)Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).... 45,238. ۰

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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	0322	000 rage -
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn.	
1 Total revenue, gains, and other support per audited financial statements		2,730,702.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2,130,102.
a Net unrealized gains (losses) on investments 2a -10,127.		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.). 2d		
e Add lines 2a through 2d.	2 e	12 072
3 Subtract line 2e from line 1	3	13,873.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	2,716,829.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	-	
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2 716 020
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Dotum	2,716,829.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return	•
Total expenses and losses per audited financial statements	1	4,142,297.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		1/112/257.
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.).	1. F	
e Add lines 2a through 2d	2e	24,000.
3 Subtract line 2e from line 1	3	4,118,297.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	suyr	4,110,231.
a Investment expenses not included on Form 990, Part VIII, line 7b	es co	
b Other (Describe in Part XIII.)	- 24	
c Add lines 4a and 4b.	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	4,118,297.
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.

BAA

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. 
Attach to Form 990.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Name of the organization Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, The Independence Fund, Inc. 26-0322088 Employer identification number

Schedule I (Form 990) (2017)	Sch	08/10/17	TEEA3901L (		for Form 990.	, see the Instructions	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
16				******************	table	ons listed in the line	3 Enter total number of other organizations listed in the line 1 table.
<b>v</b>				n the line 1 table	janizations listed ii	<ol><li>and government or;</li></ol>	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
			0.	17,500.		47-3616097	M 10 IH
			0.	15,000.		13-2959888	
			0.	10,000.		53-0116710	(b) Navy League
			0.	50,000.		53-0225621	
			0.	20,000.		82-1431512	* 122 C. St. NW, Suite 510 Washington, DC 20001
			0.	11,474.		68-0455747	24390_Aviation_Avenue Davis, CA 95616
Sponsorship			0.	75,000.		56-1854461	(2) Charlotte Touchdown Club7725 Ballantyne Commons Pkwy Charlotte, NC 28277
Grant			0.	35,000.		81-4108082	Cornelius, NC 28031
n of (h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government
ed 'Yes' on seded.	tion answere space is ne	Complete if the organization answered 'Yes' be duplicated if additional space is needed.		and Domestic Gov more than \$5,000.	that received i	, for any recipient	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed
Yes No	Part IV	Φ :	de d	inds in the United States.	the use of grant fu	the grants or assistant rocedures for monitorin	S
		or assistance and	eligibility for the grants	assistance, the grantees	ount of the grants or	to substantiate the am	- Coco the organization manifall records

Schedule I (Form 990) (2017) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. The Independence Fund, Inc. 26-0322088 Page 2

Part IV Supp	7	6	u	4	ω	2	1	(a) T
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						20		(a) Type of grant or assistance
e the information								(b) Number of recipients
required in Part I,								(c) Amount of cash grant
line 2; Part III, co								(d) Amount of noncash assistance
lumn (b); and any othe								(e) Method of valuation (book, FMV, appraisal, other)
r additional information.								(f) Description of noncash assistance

# Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Grant awardees are required to submit narrative and financial reports upon completion

of the program implementation.

# Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

				Schedu	schedule I (Form 990), Part II and	nd Part III.		Con	Continuation Page 1 of 1
	Name of the organization							Employer identification number	,
	The Independence Fund, Inc	und, Inc.						26-0322088	88
	Part II Continuation o	f Grants and	Other Assistan	ce to Domestic	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990),	Domestic Govern	ments. (Schedul	e I (Form 990),	Part II.)
	(a) Name and address of organization or government	ganization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
cs	National_Disabled_Veterans 3725_Alexandria_Pike Cold_Spring, KY 41076	eterans e 16	31-0263158		15.000.				
۱. ۲	Navy_Safe_Harbor_Foundation716_Sicard_Street_SE_Ste_1000	indation							
	Paralyzed_Veterans_of_America 801_18th_Street,_NW Washington,_DC_20006	of_America_	13-1946868		14,000.				
	Purple_Heart Homes 755_Washington_Ave Statesville, NC 28677	17	26-3516121		20,000.				
,	The_American_Conservative_Uni 201_N_Union_Street,_Ste_370_ Alexandria, VA 22314	<u>Zative Uni</u> Ste_370	52-1294680		12,360.				
( ()	Military Order of Purple Hear 5413_Backlick_Road	irple_Hear_		VI					
	TRI_Shop				5,919.				
	Veterans_Bridge_Home 2200_East_7th_Street_ Charlotte, NC 28204		45-2350728		P				
5 4) 6									
					1112001		The second secon		2000

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

The Independence Fund, Inc.

Employer identification number 26-0322088

# Form 990 - Explanation of Amended Return

Return is being amended to correct the information reported on Schedule C.

# Form 990, Part III, Line 1 - Organization Mission

To provide wounded veterans the necessary tools and therapies that are not otherwise provided to them as a result of injuries incurred while serving in the armed forces. We changed our fiscal year in 2018 to better serve our mission, thus this is a short-year filing.

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

Mobility & Adaptive Sports Program - The Fund proudly serves wounded Veterans who have lost the ability to experience activities they previously enjoyed. During the six months of FY-18, the Fund enabled wounded Veterans to do the things they love, improve their well-being, and transform their lives toward a better future by providing 99 mobility and adaptive sports devices, equipment, and grants.

Caregiver Program - The Fund happily serves the heroes behind the heroes; the Caregivers who work tirelessly to support wounded Veterans each and every day. During the six months of FY-18, the Fund conducted five retreats that provided peer-to-peer support and respite directly enabling 52 Caregivers to build strong networks and receive the emotional and physical support they need to continue the stressful 24/7 role of military caregiving. The Fund indirectly served hundreds more through grants to other nonprofit organizations that solely serve Caregivers.

Advocacy Program - For Veterans returning with the scars of war, the fight doesn't end upon their arrival home. Our Advocacy Program assists where the need is greatest right now; reforming VA healthcare, ensuring the Caregivers of the seriously disabled

Employer identification number

26-0322088

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

Fund fights for those who fought for us.

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

The draft Form 990 is reviewed in detail by management and then given to the entire board to review prior to filing.

# Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members are required to review the Conflict of Interest Policy and sign an document stating that they have reviewed, understand, and are in compliance with the Conflict of Interest Policy on an annual basis. In addition, there is a Conflict of Interest clause in the Employee Handbook. All staff members receive the handbook upon hiring and must acknowledge via signature page that they have received, reviewed, and comply with the policies in the handbook.

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

The BOD approves the fiscal year budget annually which includes a listing of salaries by authorized position, including the CEO and COO positions

# Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The COO and CEO fill positions according to the budget, with the CEO making the final decision as to staff salaries

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

Available upon request.

## Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B) Program	(C) Management	(D) Fund-
		Total	Services	<u>&amp; General</u>	<u>raising</u>
Contracted services	Total \$	466,794.	174,500. \$ 174,500.	251,643. \$ 251,643.	40,651. \$ 40,651.
	Total y	100, 134.	\$ 174,500.	231,043.	3 40,031.