

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990-EZ**

# **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2014 calend	ar year, or tax year beginning , 2014, and ending		, 20			
В	Check if ap	plicable	C Name of organization D Em	D Employer ide				
	Address c	hange	7	1-0876701				
=	Name cha	=	E Telephone number					
==	Initial retui		258 3rd Street SW	60	05-352-5698			
=	rinai retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code F Gr	oup Exe	emption			
=		n pending	Huron, SD 57350-2403	mber	<b>&gt;</b>			
G /	Account	ing Method		<b>▶</b> ✓	if the organization is not			
1 V	Vebsite	: ► N/A	require	ed to att	ach Schedule B			
JΤ	ax-exen	npt status (ch	eck only one) —   501(c)(3)   501(c) ( )   (Insert no )   4947(a)(1) or   527 (Form	990, 99	0-EZ, or 990-PF)			
			✓ Corporation ☐ Trust ☐ Association ☐ Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	3				
(Pai	rt II, coli	umn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ .	<b>▶</b> §	3			
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions	s for Part I)			
		Check If	the organization used Schedule O to respond to any question in this Part I		🗸			
	1	Contribution	ons, gifts, grants, and similar amounts received	1	13142			
	2	Program s	ervice revenue including government fees and contracts	2	0			
	3	Membersh	ip dues and assessments	3	0			
	4	Investmen	t income	4	4933			
	5a	Gross amo	ount from sale of assets other than inventory 5a 3995	0				
	Ь		or other basis and sales expenses	0				
	c	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-50			
	6	Gaming ar						
	a	Gross inc	ome from gaming (attach Schedule G if greater than					
ne		\$15,000)		o l				
Revenue	Ь	Gross inco	ome from fundraising events (not including \$ 0 of contributions	7				
è	1		raising events reported on line 1) (attach Schedule G if the					
		sum of suc	ch gross income and contributions exceeds \$15,000) 6b	0				
7	С	Less direc	ct expenses from gaming and fundraising events 6c 405					
•	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract					
		line 6c)		6d	4650			
	7a	Gross sale	s of inventory, less returns and allowances	0				
7	ь		of goods sold	0				
D)	С	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0			
	8	Other-reve	nue (describe in Schedule O)	8-	- 0			
•	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	22675			
<b>,</b> —	10	Grants and	d similar_amountsipaid (list in Schedule O)	10	9345			
	11	Benefits p	aid to or for members  ther compensation, and employee benefits  all fees and other payments to independent contractors  y) rent, (utilities, land maintenance	11	0			
ွှ	12	Salaries, c	ther compensation, and employee benefits	12	0			
use	13	Rrofession	al fees and other payments to independent contractors	13	0			
Expenses	14	. Occupano	y()rent, Autilities, and maintenance	14	0			
ŭ	15	Printing, p	ublications, postage, and shipping	15	0			
	16	Other-exp	enses (describe in Schedule O)	16	1631			
	17	Total exp	enses. Add lines 10 through 16	17	10976			
- C	40	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	11699			
iet	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree with					
Ass			ar figure reported on prior year's return)	19	320432			
Net Assets	20	Other cha	nges in net assets or fund balances (explain in Schedule O)	20	0			
Ž	21		s or fund balances at end of year. Combine lines 18 through 20	21	332131			
_					- 000 E7 100111			

Par	t II Balance Sheets (see the instructions t	for Part II)			•	
	Check if the organization used Schedule	O to respond to a	ny question in this			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			320432	22	332131
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		, , , , , , , ,		24	0
25	Total assets			320432		332131
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column			320432	27	332131
Pari						F
	Check if the organization used Schedule				(Re	Expenses quired for section
What	is the organization's primary exempt purpose?	Promote community	access for persons	with disabilities.		(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the				anizations, optional for ers )
28	Grant to support Lead for Life Camp, a camp for pers					
	school age children increasing the children's unders	<del>-</del>				
	and disabled participants also result from participati					
	(Grants \$ 2789) If this amount				282	2789
29	Grant to support the community theatre production,	••••				
	from the community participate in the production of		creases understand	ng of		
	disabilities and relationships develop between partic					
	(Grants \$ 2500) If this amount				298	2500
30	Grant to Center for Independence to expand and enh			••••		
	Funds were used to purchase entry locks for apartm	ents that do not requ	ire keys and a drop o	am.		
	(Grants \$ 2364) If this amount	includes foreign gra	ants, check here	<u>.</u> ▶ ⊔	30a	2364
31	Other program services (describe in Schedule O)					
	(Grants \$ 1691) If this amount		ants, check here .	<u></u>	312	+
	Total program service expenses (add lines 28a		· · · · ·		32	
Par				•	nstru	ctions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits.	<del></del>	
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and		Estimated amount of other compensation
Bruce	e Wintle					
Chair	man	.5		)	0	0
Chuc	k Rotert					
Vice !	Chairman	.25	ļ c	)	0	0
Lisa	ong					
Treas	urer	.25		)	0	0
Rand	all Meendering					
Secre	tary	.5			0	0
Ward	Butler	.]				
Direc	lor	.25		)	0	0
Mona	Jensen-Olson				Ì	
Direc	tor	.25		<u> </u>	0	0
Kare	1 Marcus					
Direc	lor	.25			0	0
Bob I	Rademacher					
Direc	lor	.25			0	0
Susa	n Searing					
Direc	tor	.25		)	0	0
Caro	yn Stahl				1	
Direc	tor	.25		ol	0	0
Mike	Taplett					
Direc	tor	.25			0	0
Elaın	e VanWınkle					
Direc	tor	25		) [	n l	n

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	v Yes	√ No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	<b>√</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	/	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<b>1</b>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	]		
b		37b		<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ South Dakota			
<b>42</b> a	The organization of books and the date of the state of th	605-35	2-569	8
	Located at ► 258 3rd Street SW, Huron, SD ZIP + 4 ►	57350	-2403	
b	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)?	42b	Yes	No. ✓
	If "Yes," enter the name of the foreign country: ▶	Ì		-
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43			<b>▶</b> □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>✓</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		/

	90-EZ (2014)							age 4
							Yes	No
<del>1</del> 6	Did the organization engage, directly or it to candidates for public office? If "Yes,"				ppositi			· ,
art		<del></del>	, Faiti	• •		46	<u> </u>	
aıı	All section 501(c)(3) organization		stions 47–49b and	52 and compl	ete the	e tables f	or line	es
	50 and 51.	io mast answer que	otions 47 405 and	oz, and compi	oto tile	, lubico i	O1 11111	-
	Check if the organization used So	hedule O to respond	I to any question in the	nis Part VI				
		<u>.</u>					Yes	No
17	Did the organization engage in lobbying		section 501(h) electio	n in effect durir	ng the t	tax		
	year? If "Yes," complete Schedule C, Pa					47		✓
8	Is the organization a school as described					48		✓.
9a	Did the organization make any transfers	·		ation?		49a	<u> </u>	<b>√</b>
b	If "Yes," was the related organization as					49b		<b>√</b>
50	Complete this table for the organization's employees) who each received more tha							
	employees) who each received more tha	T :	T	(d) Health bene		5, Critor 1		
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to en		(e) Estimate other con		
		devoted to position	(Forms W-2/1099-MISC)	compensatio		other con	репза	1011
ONE								
		1						
		_						
<b>-</b>		_						
						-		
<b>-</b> -		+						
		-						
f	Total number of other employees paid or	ver \$100,000	▶ 0		· · ·			
51	Complete this table for the organization		ensated independent	contractors wh	o each	received	more	tha
	\$100,000 of compensation from the org	anization If there is no	one, enter "None."					
			(b) Type of service		(c) Compensation			
-	(a) Name and business address of each indepen		ì					
	(a) Name and business address of each indepen			····				
ONE	(a) Name and business address of each indepen							
ONE	(a) Name and business address of each indepen							
ONE	(a) Name and business address of each indepen					· · · · · · · · · · · · · · · · · · ·		
ONE	(a) Name and business address of each indepen							
ONE	(a) Name and business address of each indepen							
ONE	(a) Name and business address of each indepen							
ONE	(a) Name and business address of each indepen							
ONE	(a) Name and business address of each indepen							
d	Total number of other independent contr	_				0		
d	Total number of other independent contribution the organization complete Sched	ule A? <b>Note</b> . All se	ection 501(c)(3) organ		attach	a		No.
d	Total number of other independent contribution the organization complete Sched completed Schedule A	ule A? <b>Note</b> . All se	ection 501(c)(3) orga	· . · · · ·	attach	a .► ✓ Yes		
d 552	Total number of other independent contribution the organization complete Sched	ule A? <b>Note</b> . All se	ection 501(c)(3) orgal	ents, and to the best	attach	a .► ✓ Yes		
d 52	Total number of other independent contr Did the organization complete Sched completed Schedule A	ule A? <b>Note</b> . All se	ection 501(c)(3) orgal	ents, and to the best has any knowledge	attach	a .►✓ Yes owledge and		

Preparer's signature

Type or print name and title

May the IRS discuss this return with the preparer shown above? See instructions

Print/Type preparer's name

Firm's name Firm's address ▶

Paid

Preparer Use Only

PTIN

Date

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

Department of the Treasury Internal Revenue Service

# **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization					Employer identification	number
Center for Independence Foundation					71-087	76701
Part I Reason for Public Cha	arity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The organization is not a private found						
1 A church, convention of church			bed in <b>se</b>	ction 17	0(b)(1)(A)(i).	
2 A school described in section						
3 A hospital or a cooperative ho						
4 A medical research organizat hospital's name, city, and sta	te:					
5 An organization operated for section 170(b)(1)(A)(iv). (Con		college or university	owned o	r operate	ed by a government	al unit described in
6 A federal, state, or local gove						
7 An organization that normally described in section 170(b)(1		-	port from	a gover	nmental unit or from	the general public
8 A community trust described	in section 170(b)	)(1)(A)(vi). (Complete I	Part II.)			
9 An organization that normally						
receipts from activities relate support from gross investm acquired by the organization	ent income and	unrelated business	taxable ıı	ncome (l	ess section 511 tax	
10 An organization organized an	d operated exclu-	sively to test for public	safety. \$	See <b>sect</b> i	ion 509(a)(4).	
11 ☑ An organization organized and one or more publicly supported the box in lines 11a through 1	d operated exclusived organizations of	ively for the benefit of, lescribed in <b>section 5</b> 0	to perfori <b>09(a)(1)</b> o	m the fun r <b>section</b>	ctions of, or to carry <b>509(a)(2).</b> See <b>secti</b>	on 509(a)(3). Check
a Type I. A supporting organi						
the supported organization organization. You must co	(s) the power to re	egularly appoint or ele				
b Type II. A supporting organ control or management of to organization(s). You must o	he supporting org	ganization vested in th				
c Type III functionally integr	rated. A supportii	ng organization opera	ted in cor	nnection v	with, and functionall	y integrated with,
d Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The organ	zation generally must	satisfy a	distributi	on requirement and	
e Check this box if the organi						I, Type III
functionally integrated, or T		-	orting or	ganizatio	n.	
<ul><li>f Enter the number of supported</li><li>g Provide the following information</li></ul>						. 1
	(ii) EIN	(iii) Type of organization	1	organization	(v) Amount of monetary	(vi) Amount of
(i) Name of supported organization	(ii) Ein	(described on lines 1–9 above or IRC section (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)
		(See instructions))	Yes	No		
(A) Huron Area Center for Independence	46-0326401	7	1		9345	(
(B)			·			
(C)						
(D)	1					
(E)						
			ļ	-	-	
Total					9345	

Part							
	(Complete only if you checked the				_		alıfy under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		41.0044	4 ) 0040	1 1 2 2 2 2		(0.T.)
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	······································					
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)	,					
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	_				ear as a section	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line			1, column (f))		14	%
15	Public support percentage from 2013 Sch					15	%
16a	331/3% support test—2014. If the organi box and stop here. The organization qua	lifies as a publ	licly supported	organization			. ▶ 🖂
b	331/3% support test—2013. If the organ check this box and stop here. The organ					e 15 is 33½% 	or more, ► □
17a	10%-facts-and-circumstances test—2010% or more, and if the organization mee Part VI how the organization meets the "forganization".	ets the "facts-	and-circumsta umstances" tes	inces" test, ch	eck this box a	nd <b>stop here.</b> I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part VI how the organization or supported organization	tion meets the leets the "fact	e "facts-and-c s-and-circums	rcumstances" tances" test. 7	test, check to	his box and <b>st</b> on qualifies as	op here a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, ched	k this box and	

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

(Complete only if you checked the box on line 9 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.)

	If the organization falls to qualify	under the te	sts listed bei	ow, piease co	omplete Part	II.)	
	on A. Public Support			T	,		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
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				1		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified		1	1			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			.,			
	line 6.)			1	l		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6				,		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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	<u>.</u> -		-	-		
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)					1	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			1		İ	
14	First five years. If the Form 990 is for the	ne organization	n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re		<u>.</u> .			🕨 🗀
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2014 (line to	B, column (f) d	ivided by line	13, column (f))		15	%
16	Public support percentage from 2013 Sch	nedule A, Part	III, line 15 .	<u></u>		16	<u>%</u>
Secti	on D. Computation of Investment In						<del> </del>
17	Investment income percentage for 2014 (			_	mn (f))		%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests - 2014. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2013. If the organize						
	line 18 is not more than 331/3%, check this	•	_				
20	Private foundation. If the organization di	d not check a	box on line 14	l, 19a, or 19b,	check this box	and see instru	ictions 🕨 🔲

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	<b>√</b>	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		✓
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		<b>\</b>
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		<b>\</b>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		<b>✓</b>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c 6		<b>→</b>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		<b>√</b>
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).	8		<b>✓</b>
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>✓</b>
b	Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) 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		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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		

Part	IV Supporting Organizations (continued)		_	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		1
b		11b		<b>▼</b>
С		11c		1
Secti	ion B. Type I Supporting Organizations		·	<b>.</b>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion 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		<b>√</b>
Secti	ion D. All Type III Supporting Organizations	· <u>·</u>		
			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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	ion 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 i	nstru	ctions	z).
. <sub>-</sub> а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.	1	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 <b>Part VI</b> 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 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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>			
b	trustees of each of the supported organizations? Provide details in <b>Part VI</b> .  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3a 3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		-
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	· · · · · · · · · · · · · · · · · · ·	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	•	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y-ın	tegrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	<ol><li>Supporting Organi</li></ol>	zations (continued)	
Secti	on D - Distributions			Current Year
<u> </u>	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	·		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			·
h	Applied to 2014 distributable amount		·	
i	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			**·*·
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8_	Breakdown of line 7:			
a				
b				
С				
d	Excess from 2013			
_	Expose from 2014	1		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Form 990 E	E-Z Schedule A; Part IV Section C #1
C.E.O./Sec	retary of the supported organization's board of directors serves as the secretary of the supporting organization. 4 members
of the supp	oorting organization's board of directors also serve on the board of directors of the supported organization 1 member of
the suppor	ting organization's board of directors is a former member and president of the board of directors of the supported organization.
************	
*	

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Employer identification number

Center for Independence Foundation	71-0876701
Form 990 E-Z	
Part 1 # 10 Grants and similar amounts paid	
Grants to the Huron Area Center for Independence: Lead for Life Camp, \$2789; Community theatre pro	oduction, \$2500, Expansion
of the use of technology, \$2364, Bridging activities, \$1692	
Part 1 # 16 Other Expenses	
Board of Directors meeting expense, \$170; Open house invitations and public relations, \$755, Bookker	eping fee, \$700;
Office supplies, \$6	
Part 3 #31 Statement of Program Service Accomplishments	
Bridging grant to facilitate activities involving members of the community and persons with disabilities	s, \$1,692.
Part IV Governing Board	
(a) Marvin VanDerWerff, director, (b) .25 hours per week, (c) Reportable compensation \$0, (d) Health be	enefits \$0;
(e) other compensation \$0	
Part V #35a Other Information	
Proceeds from the annual sale of chances, \$8,700. The profits are used to support the exempt purpose of the organization.	
· · · · · · · · · · · · · · · · · ·	