EXTENDED TO NOVEMBER 15, 2018

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.

Department of the Treasury Internal Revenue Service

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

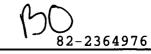
OIVID ING	1343-0047
20	17
Open to	Public*
Inspe	ction

<u>A</u>	For th	e 2017 calendar year, or tax year beginning $$ JUL $$ $$ 2 $$ 6 $$ $$ $$ $$ 2 $$ 0 $$ 1 $$ $$ and ending	_DEC 31, 2017	
В	Check if applicat	C Name of organization	D Employer identification nu	umber
X	Addr	9 INDEPENDENCE ACTION FUND INC.		
	Name	ge Doing business as	82-236497	76
X	Initial returr Final	Number and street (or P.O. box if mail is not delivered to street address)	uite E Telephone number 212-583-6	5000
<u> </u>	returr termi	C/O GEDDER ADV, JOS JRD AVE, TOTA PE		000,000.
	ated Amer		G Gross receipts \$ 200, H(a) Is this a group return	,000,000.
Ē	⊸returr ∏Appli tion		for subordinates?	Yes X No
	pend	SAME AS C ABOVE	H(b) Are all subordinates included?	
T.	Tax-ex	tempt status 501(c)(3) _X 501(c)(4) ◀ (insert no.) 4947(a)(1)(or	If "No," attach a list (see	instructions)
		ite: ▶ N/A	H(c) Group exemption number	·
			ear of formation, 2017 M State of	legal domicile; DE
Į P	art]l	Summary		
9	1	Briefly describe the organization's mission or most significant activities INDEPEND	ENCE ACTION FUND I	INC.
Jan	١.	CONDUCTS ACTIVITIES FOR THE EXCLUSIVE PURPOS		`TYT
4 2010 Aethries & Governance	2	Check this box if the organization discontinued its operations or disposed of n	Some than 25% of its net assets	4
Ĝ	3	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).		4
න් ග	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0
럞	6	Total number of volunteers (estimate if necessary)	18 131 6	0
2	7 a	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 1281 Net unrelated business taxable income from Form 990-T, line 34	7a 7a	0.
4 ₄	1			0.
•		Contributions and grants (Part VIII, line 1h)		rrent Year
Ξ-	8	Contributions and grants (Part VIII, line 1h)	200,	000,000.
¥ã	9	Program service revenue (Part VIII, line 2g)		0.
چّد	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.
₩,	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
<u> </u>	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	200,	000,000.
SCAINED MAR Revenue	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
ก	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		· ·
EX	1			192.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		192.
	19	Revenue less expenses Subtract line 18 from line 12	199.	999,808.
Ces		Hereitae iese expenses oubtractime to nomino the		d of Year
Net Assets Fund Baland	20	Total assets (Part X, line 16)		999,808.
ASS	21	Total liabilities (Part X, line 26)		0.
		Net assets or fund balances Subtract line 21 from line 20	199,	999,808.
P	art <u>ill</u>	Signature Block		
	•	alties of perjury, I declare that I have examined this return, including accompanying schedules and cta		go and bolief, it is
triie	roire	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge	
		Signature of officer	11/12/18	
Sig	n	1, 1,	Date	
Her	e	PATRICIA E. HARRIS, DIRECTOR Type or print name and title		
			Date Check PT	IN 1
Paid	4	Print/Type preparer's name CHARLES POMO Preparer's signature CHARLES POMO	////	445956
	parer	Firm's name CHARLES POMO		149326
	Only	Firm's address 909 THIRD AVENUE, 16TH FLOOR	THE LOT	
506	J,	NEW YORK, NY 10022	Phone no 212- 58	3- 6001
Mar	, the !	RS discuss this return with the preparer shown above? (see instructions)		Yes No
ivid	y uie I	TO discuss this return with the preparer shown above. (see instructions)	القفا	

LHA For Paperwork Reduction Act Notice, see the separate instructions. 732001 11-28-17

Form	990 (2017) INDEPENDENCE AC	TION FUND	INC.	82-236	54976	Page 2
	rt III Statement of Program Service Accom	olishments				
	Check if Schedule O contains a response or note to	any line in this Pa	art III		_	
1	Briefly describe the organization's mission SEE EXPLANATION FOR PART I, 1					
2	Did the organization undertake any significant program so prior Form 990 or 990-EZ?	ervices during the	year which were not listed o	on the	Yes	X No
	If "Yes," describe these new services on Schedule O			_	<u> </u>	.
3	Did the organization cease conducting, or make significant	nt changes in how	it conducts, any program s	ervices?	∟ Yes	X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishing the service acco	ante for each of it	s three largest program ser	vices as measured b	v avnancac	
•	Section 501(c)(3) and 501(c)(4) organizations are required revenue, if any, for each program service reported					nd
4a	(Code) (Expenses \$ 0.	including grants of \$	0.) (Revenue \$		0.)
	THE ORGANIZATION WAS NOT FUND	DED UNTIL	NOVEMBER 2017	AND THERE		
	WERE NO PROGRAM SERVICE RELATE		TIES IN 2017.	HOWEVER,	SERVI	<u></u>
	RELATED ACTIVITIES COMMENCED	IN 2018.				
			····			
				\		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$,
		·				
						
				_		
				• • • •		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
						1
				<u> </u>		
		··		_		
					-	
				·		
<i>A -1</i>	Other program services (Describe in Schodule O.)	. <u> </u>				
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses	0.				
					Form 99	0 (2017)

INDEPENDENCE ACTION FUND INC.



Form 990 (2017) INDEPENDENCE

Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors	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	3		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	_	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	l _		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	۳		 ^
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			ŀ
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	٦		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
_	Part VI	11a		
	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	11b		х
С	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	11c		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 169 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		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	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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> </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	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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Form	990 (2017)

Form 990 (2017) INDEPENDENCE ACTIO
Part IV Checklist of Required Schedules (continued)

			res	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ŀ		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Α
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
22	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (2017)

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INDEPENDENCE ACTION FUND INC.

18 Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable Deference	Pa	Check if Schedule O contains a response or note to any line in this Part V								
ta Enter the number reported in Box 3 of From 1096. Enter -0 in not applicable better the number of Forms W2G notabled in line 1s. Enter -0 in not applicable better the number of Forms W2G notabled in line 1s. Enter -0 in not applicable conditions and reportable gaming (gambling) winnings to prize writers? 2a		Officer is Scriedule O Contains a response of flote to any line in this rare v			Vac					
Enter the number of Forms W2G included in line 1a Enter 0 if not applicable Ob the organization comply with backing uits for reportable payments to vendors and reportable gaming (gambling) without providing uits for reportable payments to vendors and reportable gaming (gambling) without providing uits for reportable payments to vendors and reportable gaming (gambling) without providing uits for the providing upon the providing upon the provided providing upon the	10	Enter the number reported in Box 3 of Form 1006. Enter .0. if not applicable	ا ء ا		162	No				
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lied for the calendar year ending with or within the year covered by this return. b If at least one is reported on the 2A, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more dumpt the year? b If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O b If "Yes," than it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O b If "Yes," than it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O b If "Yes," to line the organization that in 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(?) b If "Yes," to line 5a or 5b, did the organization have an interest in, or a signature or other authority over, a signature or other than an interest in or a signature or other authority over, a financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax sheller transaction at my time during the leak year? 5b Uf "Yes," to line 5a or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). a Did the organization that were not tax deductible as charitable contributions under section 170(c). a Did the organization section annual gross receipts that are normally greater than \$100,000, and did the organization selection of the section \$1,000 the section \$1,000 the section \$1,000 the		•	·· <u>·</u>	4						
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by this return b if at least one is reported on the 2a, did the organization file all required feefer all employment tax returns? Note: If the sum of lines is a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a I X if Yes, if set if filed a Form 990 To for this year? If 'No, 'to line 3b, provide an explanation in Schedule O 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 accounts? 4a I Yes, 'enter the name of the foreign country 5b If Yes, 'enter the name of the foreign country 5c	-	, ,	<u> </u>	1 '						
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, Med for the calendary sear anding with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	·		-p	1c	X					
field for the calendary year ending with or within the year covered by this return 1	2a									
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If Yes,* has it filed a Form 990-T for this year? If *No,* to line 30, provide an explanation in Schedule O 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; out of the control of the second in a foreign country (such as a bank account, er other financial account)? 4a X 5b If *Yes,* there the name of the foreign country ▶ 5c See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes,* to line 5a of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that them entits a charactible contributions? 6a X 5b If *Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charactible contributions? 7b If *Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8c Did the organization shall may receive deductible contributions under section 170(c). 9c If *Yes,* indicate the number of Forms 8282 filed during the year 10 If *Yes,* indicate the number of Forms 8282 filed during the year 11 If *Yes,* indicate the number of Forms 8282 filed during the year 12 If *Yes,* indicate the number of Forms 8282 filed during the year 15c If the organization received a contribution of class, botts, analysis, or the revisions, did the orga			2a 0			<u> </u>				
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b						
b (f "Yes," has it fied a Form 990-T for this yea? /f "No," to fine 3b, provide an explanation in Schedule O 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 or other ground in the cale of the foreign country few counts, securities account, or other financial accountry? 5 b (f"Yes," enter the name of the foreign country F" 5 c See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 a Was the organization a party to a prohibited tax shelter transaction of at any time during the tax year? 5 b (f"Yes," of line 5a of 5b, did the organization hat it was or is a party to a prohibited tax shelter transaction? 6 b (f"Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the end tax deductible contributions? 6 b (f"Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organization shaft may receive deductible contributions under section 170(c). a b dit enganization shaft may receive deductible contributions under section 170(c). b (file of the organization neceive apyment in excess of \$75 made party as a contribution of the year of the goods or services provided? c b (file of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to this Form 8829? d (f"Yes," indicate the number of Forms 8282 filed during the year b (file of the organization receive any planeting, directly or indirectly, to pay premiums on a personal benefit contract? 7 b (file organization sell, exchange, or otherwise directly, on a personal benefit contract? 7 b (file organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organiza		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
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)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) S Was the organization aperty to a prohibited tax shelter transaction or 1 foreign Bank and Financial Accounts (FBAR) B Was the organization by the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 8 If "Yes," to 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). 8 Of the organization receive apayment in excess of \$75 made partily as a contribution and party for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 Of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file or Form 1098-C? 8 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 49	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 b Did the sponsoring organization make any taxable distributions under section 4966? 9 b Did the sponsoring organization make any taxable distributions under section 4966? 9 b Did the sponsoring organizations. Enter 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 11 Section 501(c)(12) organizations. Enter a Gross income from embers 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has tfilled a Form 720 to report	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
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		ii res, has it liled a Form 720 to report these payments / ii / ivo, provide an explanation in Scheduli	-		990	(2017)				

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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			\mathbf{X}					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 4								
	If there are material differences in voting rights among members of the governing body, or if the governing]							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	İ							
ь	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
	officer, director, trustee, or key employee?	2	X						
3	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					
4	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?	5		X					
6 Did the organization have members or stockholders?									
7a	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?	7a	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?	7b	<u> </u>	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	L	X					
b	Each committee with authority to act on behalf of the governing body?	8b		Х					
9	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 O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		1						
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		Х					
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	١							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х					
	Woro officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
12	In Schedule O how this was done	12c 13		X					
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		X					
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>							
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
_	The organization's CEO, Executive Director, or top management official	15a		Х					
	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		\Box						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a	1	Х					
ь	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?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶DE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le						
-	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l fınan	cıal						
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	DIANE GUBELLI C/O GELLER ADVISORS LLC - 212-583-6000								
	909 3RD AVE, 16TH FL, NEW YORK, NY 10022								
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report able 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 r	anıza			mpe	nsat	ed any current officer,	director, or trustee			
(A)	(B)	İ			C)			(D)	(E)	(F)
Name and Title	Average		Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle cer ar	ss pe	rson	ıs bot or/trus	h an tee)	compensation	compensation	amount of
	week	-	1		T	T	T	from	from related	other
	(list any hours for	lirect				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	600	age :			sate		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	truste	Ē		ye	in pe		(,		and related
	below	Individual trustee or director	Institutional trustee	<u>"</u>	Key employee	est co	 =		ļ	organizations
<u></u>	line)	Npul	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) RICHARD K. DESCHERER	0.25									
DIRECTOR	0.00	X			L			0.	0.	0.
(2) PATRICIA E. HARRIS	0.25									
DIRECTOR	0.00	X						0.	0.	0.
(3) ALLISON JAFFIN	0.25									
DIRECTOR	0.00	X				l		0.	0.	0.
(4) THOMAS H. GOLDEN	0.25									
DIRECTOR	0.00	X			L		L	0.	0.	0.
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Par	Part VII Section A. Officers, Directors, Trustees, Key E				ployees, and Highest Compensated Employees (continued)									
	(A)	(B)			-	C)	_		(D)	(E)			(F)	
	Name and title	Average		not d		more	than		Reportable	Reportabl		1	stimate	
		hours per week			box, unless person is both an officer and a director/trustee)				compensation	compensate from relate		l a	mount other	
		(list any	ğ					I	the	organizatio		con	npensa	
		hours for	drec				교		organization	(W-2/1099-M			rom th	
		related	stee or	nstee			ensat		(W-2/1099-MISC)				ganızat	
		organizations below	atto	la la		oloyee	E S						nd relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anızatı	ons
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	Sub-total	I Cantina A							0.		0.	_		0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	i, Section A							0.		0.			Ö.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) w	ho re	eceived more than \$100	0.000 of reportal	ole	J		
_	compensation from the organization						_,							C
		_								<u> </u>	-		Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s											3	igsquare	X
4	For any individual listed on line 1a, is the su									the organization	1			
_	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							relat	ed organization or indiv	idual for service:	S	<u> </u>		X
Sec	tion B. Independent Contractors	piete Scriedui	e	UI S	JCII	pers	SULL			·		3	L	
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of cor	mpens	ation	from	
	the organization Report compensation for	•	-								•			
	(A)								(B)				C)	
	Name and business	address	N	ONE	<u> </u>			_	Description of s	ervices	c	ompe	nsatio	<u>n</u>
								-						
								\dashv						
								ĺ						
				_				\dashv						
								T						
							_		<u>,</u>		<u> </u>			
2	Total number of independent contractors (ii	ncluding but n	ot lii	nite	d to		_	sted	above) who received m	nore than				7
	\$100,000 of compensation from the organization	zation >				()				<u> </u>			

Page 9

INDEPENDENCE ACTION FUND INC.

Pa		7 111				Ab D4 \ ////			
			Check if Schedule O cont	ains a respons	e or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
15 ts	1		Federated campaigns	1a					0.2.0
ra Z	ٔ		Membership dues	1b	-				
عَ ق			Fundraising events	1c					
ar A			Related organizations	1d					
S,E			Government grants (contribut						
Ë			All other contributions, gifts, gran						(
P E		•	similar amounts not included abor		200,000,000.				
至		g	Noncash contributions included in lines	<u> </u>					l
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f		<u> </u>	200,000,000.			!
					Business Code			<u>.</u>	
ë	2	а							
ه کِز		b							
Se		С							
eve eve		d							
Program Service Revenue		е		_					
مة.		f	All other program service reve	nue		_			
		g	Total. Add lines 2a-2f						
	3		Investment income (including	dıvıdends, ınte	rest, and				
			other similar amounts)		▶				
	4		Income from investment of tax	x-exempt bond	proceeds -				
	5	ı	Royalties		>				
				(i) Real	(ii) Personal		1	動しけった。	5 1
	6		Gross rents						
			Less rental expenses	-					
			Rental income or (loss)						
	_		Net rental income or (loss)		(2.04)				1
	7	а	Gross amount from sales of	(i) Securities	(ii) Other			٠,	`
		_	assets other than inventory		 			•	į
		D	Less cost or other basis and sales expenses						
		_	Gain or (loss)		+				
			Net gain or (loss)	L		· · · · · · · · · · · · · · · · · · ·			
	A		Gross income from fundraising	n events (not					
enne	Ŭ	_	including \$			ĺ			
			contributions reported on line						
r.			Part IV, line 18		a				
Other Re		þ	Less direct expenses		b				
0		С	Net income or (loss) from fund	Iraising events	_				
	9	а	Gross income from gaming ac	tivities See					;
			Part IV, line 19		a	1			
		ь	Less direct expenses	1	b				
			Net income or (loss) from gam	-	<u> </u>				
	10	а	Gross sales of inventory, less	returns					ķ
			and allowances	:	a				ļ
			Less cost of goods sold		b				
		С	Net income or (loss) from sale		•				
			Miscellaneous Revenu	<u>e</u>	Business Code				
	11	_				<u> </u>	_		
		b							
		C	All sales as a second		 				
		d	All other revenue						,
	12		Total. Add lines 11a-11d Total revenue. See instructions.			200,000,000.	0.	0.	0.
	- 14						· •	* *	

732009 11-28-17

Form 990 (2017) INDEPENDENCE A Part IX Statement of Functional Expenses

Secti	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									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations		•							
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	<u> </u>		<u> </u>						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	. —								
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
_	Management									
b	Legal Accounting									
c d	Lobbying									
e	Professional fundraising services. See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·					
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25,	· · · · · ·								
٠	column (A) amount, list line 11g expenses on Sch O.)		 							
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings			-						
20	Interest	· - · ·		-						
21	Payments to affiliates			_						
22	Depreciation, depletion, and amortization									
23 24	Other expenses. Itemize expenses not covered									
_7	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 0.)									
а	BANKING FEES	192.		192.	•					
b										
С										
ď										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	192.	0.	192.	0.					
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)	<u> </u>		<u> </u>						

		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	199,999,808.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	ormer officers, directors,			
	[trustees, key employees, and highest compensation	ated employees Complete			
		Part II of Schedule L	L		5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect				
ş		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	_		7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				ı
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	-		11	
	12	Investments - other securities See Part IV, line		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets	-		14	
	15	Other assets See Part IV, line 11		0.	15	199,999,808.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	0.	16	133,333,000.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18 19		
	19	Deferred revenue	-		20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability Complete	Part IV of Schodula D		21	
' A	22	Loans and other payables to current and former				1
Liabilities	22	key employees, highest compensated employee				
Ē		Complete Part II of Schedule L	s, and diagrammed personic		22	
Ë	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	·		24	
	25	Other liabilities (including federal income tax, pa	· · · · · · · · · · · · · · · · · · ·			-
		parties, and other liabilities not included on lines	·			
		Schedule D	, · ·		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 an				
Ĕ	27	Unrestricted net assets	L		27	199,999,808.
3ala	28	Temporarily restricted net assets	L		28	
Ē	29	Permanently restricted net assets			29	_
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 📖			}
ō	İ	and complete lines 30 through 34.	-			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	Ĺ		30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	· '		31	
et	32	Retained earnings, endowment, accumulated in	come, or other funds		32	100 000 000
. =	33	Total net assets or fund balances	, -	0.	33	199,999,808.
	34	Total liabilities and net assets/fund balances	• 1	0.	34	199,999,808.

Form	990 (2017) INDEPENDENCE ACTION FUND INC.	82-	2364	<u>976</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					=
	Check if Schedule O contains a response or note to any line in this Part XI	,				<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	200	,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2	100			92.
3	Revenue less expenses Subtract line 2 from line 1	3	199	, 99	9,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		_		0.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses .	7				
8	Prior period adjustments	8	-			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	199	<u>,999</u>) , 8	08.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					ييا
			a 1		Yes	No
1	Accounting method used to prepare the Form 990 Cash Cash Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Contr		<u>.SH</u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both					1
	Separate basis Consolidated basis Both consolidated and separate basis					ليبا
b	Were the organization's financial statements audited by an independent accountant?	<u> </u>		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,			1	i İ
	consolidated basis, or both					i
	Separate basis Consolidated basis Both consolidated and separate basis		•			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			- 1		, }
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?	_		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lrt	_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	200	
				Form	99U ((2017)

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

(Form 990 or 990-EZ)

2017
Open to Publication

Department of the Treasury Internal Revenue Service

Name of the organization

INDEPENDENCE ACTION FUND INC.

Employer identification number 82-2364976

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WELFARE, INCLUDING CHARITABLE ACTIVITIES, WITHIN THE MEANING OF SECTION
501(C)(4) OF THE INTERNAL REVENUE CODE OF 1986, PRIMARILY THROUGH THE
MAKING OF GRANTS TO OTHER SOCIAL WELFARE ORGANIZATIONS.
FORM 990, PART VI, SECTION A, LINE 2:
RICHARD DESCHERER AND THOMAS GOLDEN HAVE A BUSINESS RELATIONSHIP BASED ON A
COMMON EMPLOYER. PATRICIA HARRIS AND ALLISON JAFFIN HAVE A BUSINESS
RELATIONSHIP BASED ON A COMMON EMPLOYER.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION'S BYLAWS PROVIDE FOR ITS DIRECTORS TO BE MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ORGANIZATION'S BYLAWS PROVIDE THAT THE DIRECTORS ARE ENTITLED TO VOTE
FOR THE ELECTION OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 8A:
THERE WERE NO MEETINGS IN 2017. HOWEVER, ALL GOVERNING BODY MEETINGS
DURING 2018 WERE CONTEMPORANEOUSLY DOCUMENTED.
FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION HAS NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF
THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

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

Schedule O (Form 990 or 990-EZ) (2017)