

990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Check box if address changed, Exempt under Section 501(c)(3), 408(e), 408A, 529(a)

Name of organization: CENTER FOR INDEPENDENCE, INC. Number, street, and room or suite no: 740 GUNNISON. City or town, state or province, country, and ZIP or foreign postal code: GRAND JUNCTION CO 81501

Employer identification number: 84-1090306. Unrelated business activity code: 531120

Book value of all assets at end of year: 1,130,516

Group exemption number, Check organization type: 501(c) corporation

Enter the number of the organization's unrelated trades or businesses: 1. Describe the only (or first) unrelated trade or business here

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No

The books are in care of: THE ORGANIZATION. Telephone number: 970-241-0305

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income 28,631, total expenses 40,167, net loss -11,536.

Table with 2 columns: Description, Amount. Rows 14-31. Total deductions 7,495. Unrelated business taxable income before net operating loss deduction -11,536. Unrelated business taxable income -11,536.

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Part III Total Unrelated Business Taxable income

Table with 3 columns: Line number, Description, and Amount. Lines 32-39. Line 38 amount is 1,000.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Lines 40-45. Line 45 amount is 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Lines 46a-56. Line 54 amount is 0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Questions 57, 58, 59.

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: Audrey L. Hamon, Title: EXECUTIVE DIRECTOR

Paid Preparer Use Only: Print/Type preparer's name: AUDREY L. HAMON, CFE CPA; Firm's name: Audrey L. Hamon, P.C.; Firm's address: 329 Ouray Ave, Grand Junction, CO 81501

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

| | | | | | |
|--|-----------|--|---|------------|-----------|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | 6 | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 Cost of labor | 3 | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 4a Additional sec. 263A costs (attach schedule) | 4a | | | | |
| b Other costs (attach schedule) | 4b | | | | |
| 5 Total. Add lines 1 through 4b | 5 | | | | |

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

| | | |
|--|--|--|
| 1 Description of property | | |
| (1) 740 GUNNISON | | |
| (2) | | |
| (3) | | |
| (4) | | |
| 2 Rent received or accrued | | |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) 28,631 | | See Statement 1 |
| (2) | | 40,167 |
| (3) | | |
| (4) | | |
| Total 28,631 | Total | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 40,167 |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 28,631 | | |

Schedule E – Unrelated Debt-Financed Income (see instructions)

| | | | | | |
|---|---|---|--|--|---|
| 1 Description of debt-financed property | | 2 Gross income from or allocable to debt-financed property | | 3 Deductions directly connected with or allocable to debt-financed property | |
| | | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) N/A | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5 | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) | |
| (1) | | % | | | |
| (2) | | % | | | |
| (3) | | % | | | |
| (4) | | % | | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) | |
| Total dividends-received deductions included in column 8 | | | | | |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column 5. Row (1) contains 'N/A'.

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10. Includes a Totals row with arrows pointing to the right.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected (attach schedule), 4 Set-asides (attach schedule), 5 Total deductions and set-asides (col 3 plus col 4). Includes a Totals row with arrows pointing to the right.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income from trade or business, 3 Expenses directly connected with production of unrelated business income, 4 Net income (loss) from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expenses (column 6 minus column 5 but not more than column 4). Includes a Totals row with arrows pointing to the right.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss) (col 2 minus col 3), 5 Circulation income, 6 Readership costs, 7 Excess readership costs (column 6 minus column 5 but not more than column 4). Includes a Totals row with an arrow pointing to the right.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|--|--|--|----------------------|--------------------|---|
| (1) N/A | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | | | | |
| Totals, Part II (lines 1-5) ▶ | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 26 |

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|---------|---------------------------------------|---|
| (1) N/A | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 ▶ | | | |

Federal Statements

Statement 1 - Form 990-T, Schedule C, Column 3 - Deductions

| <u>Description</u> | <u>Deduction</u> |
|--------------------|----------------------|
| 740 GUNNISON | |
| Interest | 560 |
| Insurance | 6,208 |
| Repairs | 4,662 |
| Investment Depr | 7,495 |
| OCCUPANCY | <u>21,242</u> |
| Total | <u><u>40,167</u></u> |