Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning 07/01/18 , and ending 06/30/19

85-0462199

San Juar	Center For	Independence	
Net Asset / Fund Balance at Begin	ning of Year		6,841,615
Revenue			
Contributions		456,658	
Program service revenue	2	,869,967	
Investment income		9,976	
Capital gain / loss		61,913	
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income		0	
Total revenue		3,398,514	-
Expenses		0.4.0 0.0.0	
Program services	2	,849,900 507,726	
Management and general		507,726	
Fundraising		2 255 606	
Total expenses		3,357,626	
Excess / (deficit)			40,888
Changes			33,638
Reconciliation of F	Revenue	Reconciliatio	n of Expenses
Total revenue per financial statements			ements 3,347,266
ess:		Less:	
Unrealized gains		Donated services	
Donated services		Prior year adjustments	
Recoveries		Losses	
Other		Other	
Plus:		Plus:	
Investment expenses		investment expenses	
Other		Other	
Total revenue per return	3,398,514	Total expenses per ret	um 3,357,626
		Balance Sheet	
	Beginning	Ending Differen	ices
Assets	7,473,835	7,531,680	
Liabilities	632,220	615,539	
Net assets	6,841,615	6,916,141	4,526
	Miscellaneous	s Information	
	Miscellaneous Amended return	s Information	
		44545	

Enm 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

6	/30		7	a	
- 0	1.711	20		7	

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19

2018

OMB No. 1545-1878

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Employer identification number Name of exempt organization 85-0462199 San Juan Center For Independence Name and title of officer Leslie Wright Executive Director Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part 1. 1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)

1b 3,398,514 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b ____ 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22)

3a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)

4b 5a Form 8868 check here b b Balance Due (Form 8868, line 3c) 5b Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only 1 authorize __ to enter my PIN as my signature FRO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return, If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 85376822222 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date 11/18/20 R Shane Chance ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2018)

Form 990

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047
2018
Open to Public

Department of the Treasury

Interr	nal Revenue Service	Go to www.in	s.gov/Form990 for instructions and the latest			Inspection
A	For the 2018 c	calendar year, or tax year beginning 07	/01/18 , and ending $06/30/1$			
В	Check if applicable:	C Name of organization			D Employer	identification number
	Address change	San Juan C	enter For Independence			
		Doing business as			85-04	162199
	Name change	Number and street (or P.O. box if mail is not delivered	to street address)	Room/suite	E Telephone	number
	Initial return	1204 San Juan Blvd			505-5	556-6584
	Final return/	City or town, state or province, country, and ZIP or fore	ign postal code			
	terminated	Farmington	NM 87401		G Gross rece	ipts \$ 3,728,293
	Amended return	F Name and address of principal officer:				
	Application pending			H(a) Is this a grou	up return for su	bordinates? Yes X No
_	44			H(b) Are all subo	rdinates inclu	led? Yes No
						see instructions)
_				-	omeon or non (
1	Tax-exempt status:		nsert no.) 4947(a)(1) or 527	-		
J	Website: V	www.sjci.org		H(c) Group exem		
K	Form of organization:	: X Corporation Trust Association	Other L	Year of formation: 1	999	M State of legal domicile: NM
P	art I St	ummary				
	1 Briefly de	escribe the organization's mission or most sig	nificant activities:			
		IN THE REMOVAL OF PHYSICAL		FACING PE	RSONS	
JCe	*	DISABILITIES, ADVOCATING,				
Governance		R SUPPORT AND INDEPENDENT				
Ver		,			********	
တိ		is box F if the organization discontinued			- 1	E
do	1	of voting members of the governing body (Pa				5
es	1	of independent voting members of the govern				5
Activities	5 Total nur	mber of individuals employed in calendar year	2018 (Part V, line 2a)		5	266
Ct	6 Total nur	mber of volunteers (estimate if necessary)			6	0
	7a Total unr	related business revenue from Part VIII, colun	nn (C), line 12		7a	0
	b Net unre	lated business taxable income from Form 990	0-T, line 38	,	. 7b	0
				Prior Year		Current Year
a)	8 Contribut	tions and grants (Part VIII, line 1h)		3,290	,473	456,658
Revenue		service revenue (Part VIII, line 2g)				2,869,967
Ve		ent income (Part VIII, column (A), lines 3, 4, a		36	5,164	71,889
ď		venue (Part VIII, column (A), lines 5, 6d, 8c, 9			0	
	1	renue – add lines 8 through 11 (must equal P	3,326	6.637	3,398,514	
		nd similar amounts paid (Part IX, column (A),			5,370	0
	1		!= - A\	100	3,570	0
		paid to or for members (Part IX, column (A),		2,811	901	2,583,198
68		other compensation, employee benefits (Par		2,011	,094	2,303,130
Expenses		onal fundraising fees (Part IX, column (A), line				U
ăx X		draising expenses (Part IX, column (D), line		500	11.0	774 400
ш		penses (Part IX, column (A), lines 11a-11d,			2,416	774,428
	18 Total exp	penses. Add lines 13-17 (must equal Part IX,	column (A), line 25)	3,540		3,357,626
		less expenses. Subtract line 18 from line 12			1,043	40,888
Net Assets or	8			Beginning of Curr		End of Year
Sets	20 Total ass	sets (Part X, line 16)		7,473		7,531,680
AB	21 Total liab				2,220	615,539
2,	22 Net asse	ets or fund balances. Subtract line 21 from line	20	6,841	,615	6,916,141
		ignature Block				
U	Inder penalties of	perjury, I declare that I have examined this return	including accompanying schedules and statemen	nts, and to the best	of my know	wledge and belief, it is
		complete. Declaration of preparer (other than office				
_	A					
Sig	an l	Signature of officer			Date	
		Leslie Wright	Execu	time Di	recto	r
He		Type or print name and title	Execu	CIAC DI	TECTO.	<u> </u>
-			Descriptor classifica	Date	0	H PTIN
D-:	d	e preparer's name	Preparer's signature	Date	Check	
Pai	N SHa		R Shane Chance		20 self-em	
	parer Firm's na		CPA PC	FI	m's EIN	95-4895294
US	e Only	1000 W Aztec B				EDE
	Firm's ac		10-1867	PI	hone no.	505-334-4375
		ss this return with the preparer shown above?				Yes No
DAA		uction Act Notice, see the separate instruction	S.			Form 990 (2018)

orm 990 (2018) San Juan Cent		85-0462199	Page 2
	Service Accomplishments		
Check if Schedule O co	ntains a response or note to any lin	ne in this Part III	
Briefly describe the organization's missic	on:		
Aid in the removal o	f physical and attitude	dinal barriers fa	cing persons
with disabilities adv	rocating, providing in	nformation and re	ferals, to peer
support and independe	ent living skills for	individuals.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	ficant program services during the year which		O. 0.
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on			
	or make significant changes in how it conduc		Yes X No
	adula O		Tes [A] NC
If "Yes," describe these changes on Sch	vice accomplishments for each of its three la	amest nmaram senires as measu	red by
	4) organizations are required to report the a		
the total expenses, and revenue, if any,		mount of grants and anocations to	ouras,
the total expenses, and revenue, it any,	ior each program service reputed.		
4a (Code:) (Expenses \$	2.849.900 including grants of \$) (Rev	venue \$ 2,869,967
Provide services and	2,849,900 including grants of \$ promote independent	living for individ	duals with
disabilities.			
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lb (Code:) (Expenses \$	including grants of \$) (Rev	venue \$
N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************************	
* *************************************			
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c (Code:) (Expenses \$	including grants of \$	\ /Pa	ionuo \$
N/A	including grants or a) (Rev	venue \$
N/ A			
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ld Other program services (Describe in Sci	nedule O.)		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses	2,849,900		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
	complete Schedule A	1	X	17
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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 Schedule D, Part III	8		X
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? 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 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	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		X
*	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	-
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		V
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		Λ
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		-21
	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			2.
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 or gross income from gaming activities on Part VIII, line 9a?	1		
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form **990** (2018)

orm	990 (2018) San Juan Center For Independence 85-0462:	199			Pa	age 4
Pai	rt IV Checklist of Required Schedules (continued)				Yes	No
10	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals of	on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		X
3	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
42	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					
. 14	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24b		1 1		
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
0	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ar				
C	to defease any tax-exempt bonds?			24c		
al	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	henefit				
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	DOTTOTAL		25a		X
4.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	orior				
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-	F72				
		:		25b		X
	If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any					-
26						
	current or former officers, directors, trustees, key employees, highest compensated employees, or			26		X
	disqualified persons? If "Yes," complete Schedule L, Part II			20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			27		X
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		.=.,,	21		22
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,					
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			00-		V
a	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					1 37
	Schedule L, Part IV	,		28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member there	eof)				37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV					X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule	М		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule	N, Par	t1	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regular	tions				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33		X
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
b	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					
00	related organization? If "Yes," complete Schedule R, Part V, line 2			36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization.	ation				
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Pal			37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b					
50	19? Note. All Form 990 filers are required to complete Schedule O.	u. Iu		38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
		1	1 64		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	1

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 266 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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)? X 42 If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6h 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 72 and services provided to the payor? If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7**f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7q a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter. 11 Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Form 990 (2018) Form 990 (2018) San Juan Center For Independence 85-0462199 Page 6 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 X Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

1204 San Juan Blvd

505-566-5844

87401

Farmington

San Juan Center for Independence

DAA

										5-046	621	99			Page 7
Part VI	Co	mpens	sation of	Officers,	Directo	rs, Tr	ustees,	Key	Employee	s, High	nest	Compensated	Employees,	and	
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															
	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 a

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
 who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (B) (C) (D) (E) Name and Title Average Position Reportable Reportable Estimated (do not check more than one hours per compensation compensation from amount of week box, unless person is both an from related other (list any officer and a director/trustee) the organizations compensation organization hours for (W-2/1099-MISC) from the Individual or director (W-2/1099-MISC) related organization stitutional omanizations employee and related below datted organizations compensated trustee line) trustee (1) Darrell Snook 0.00 0.00 President X 0 0 0 (2) Terri Kennedy 0.00 0.00 Member 0 0 (3) Charles Phelps 0.00 X X 0.00 0 0 Secretary/Tresurer (4) Sonia Lukow 0.00 Vice President 0.00 X X 0 0 0 (5) Kaylee Wilmer 0.00 0.00 0 0 0 Member (6) Leslie Wright 0.00 0.00 X 0 0 0 Executive Director (7) (8) (9) (10) (11)

Form 990 (2018)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (F) (A) (C) (B) Position Reportable Reportable Estimated Name and title Average (do not check more than one compensation from amount of hours per compensation other box, unless person is both an from related week the organizations compensation officer and a director/trustee) (list any (W-2/1099-MISC) from the organization hours for (W-2/1099-MISC) organization netitutional related director and related organizations organizations below datted Small . trustee trustee Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) Description of services (C) Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Revenue Unrelated exempt function business excluded from tax revenue under sections 512-514 1a Federated campaigns Gifts, Grants ilar Amounts 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 430,326 Contributions, and Other Simi 1e f All other contributions, gifts, grants, and similar amounts not included above 26,332 1f g Noncash contributions included in lines 1a-1f: \$ 456,658 h Total. Add lines 1a-1f Revenue Busn. Code 2,869,967 2,869,967 2a Program Service Revenue Service Program f All other program service revenue 2,869,967 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 9,976 9,976 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets 391,692 other than inventory b Less cost or other 329,779 basis & sales exps. 61,913 c Gain or (loss) 61,913 61,913 d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b d All other revenue e Total, Add lines 11a-11d 9.976 3,398,514 2,931,880 Total revenue. See instructions.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, b, 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				
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	2,301,213	2,052,265	248,948	
8	Pension plan accruals and contributions (include	0.000	7 000	1.65	
	section 401(k) and 403(b) employer contributions)	8,003	7,838	165	
9	Other employee benefits	272 002	252 420	20 542	
10	Payroli taxes	273,982	253,439	20,543	
11	Fees for services (non-employees):				
а	***************************************				
b	Legal	01 035	74 000	16 042	
C	Accounting	91,835	74,992	16,843	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	11,794		11,794	
f	Investment management fees	11,734		11,134	
g	Other. (If line 11g amount exceeds 10% of line 25, column	102,861	8,297	94,564	
40	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	17,671	10,978	6,693	-
12		191,937	154,852	37,085	
14	Office expenses Information technology	131/33/	101)002	3,7003	
15	Royalties				
16	Occupancy	65,124	25,386	39,738	
17	Travel	26,370	10,781	15,589	
18	Payments of travel or entertainment expenses				
,,,	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	24,381	24,381		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	154,299	154,299		
23	Insurance	88,156	72,392	15,764	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
C					
d					
e		2 257 606	2 040 000	507,726	0
25	Total functional expenses. Add lines 1 through 24e	3,357,626	2,849,900	301,120	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)				
DAA	tenential day and hard and traditional traditional				Form 990 (2018)

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 709,571 1,451,023 Cash—non-interest bearing 1,148,190 1,507,951 Savings and temporary cash investments 303,753 417,173 3 Pledges and grants receivable, net 3 5,036 2,634 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 6,934 13,086 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a 4,365,656 other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 1,160,034 3,238,127 3,205,622 10c 1,247,728 1,598,595 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 13 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 14 74.646 75,446 15 Other assets. See Part IV, line 11 7,531,680 7,473,835 Total assets. Add lines 1 through 15 (must equal line 34).... 16 241,870 17 246,047 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 369,492 390,350 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 615,539 632,220 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,013,530 2,828,085 4,100,871 27 Unrestricted net assets 2,815,270 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 6,916,141 6,841,615 Total net assets or fund balances 7,531,680 7,473,835 Total liabilities and net assets/fund balances Form 990 (2018)

Form	990 (2018) San Juan Center For Independence 85-0462199			Pa	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	1			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,39		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,35		
3	Revenue less expenses. Subtract line 2 from line 1	3			888
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,84		
5	Net unrealized gains (losses) on investments	5	- 2	23,	278
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		10,	360
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	6,91	16,	141
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				/
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	4	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			For	m 99	0 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

San Juan Center For Independence

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Employer Identification number

Inspection

85-0462199

P	art I	Dage	on for Public Charity	Status (All organization	nuct or	mploto t	nic part \ Cas instruction						
_	_			Status (All organizations			nis part.) See instruction	IS.					
	organ			it is: (For lines 1 through 12, c			N ##1						
1	H			ociation of churches described			(i).						
2	H			A)(ii). (Attach Schedule E (For									
3	Н	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical res	search organization operated	in conjunction with a hospital	described in	section 1	70(b)(1)(A)(iii). Enter the hosp	pital's name,					
		city, and state	****************					*******					
5		An organizati	on operated for the benefit o	f a college or university owned	or operated	by a gove	mmental unit described in						
	section 170(b)(1)(A)(iv). (Complete Part II.)												
6													
7	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
		described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	t II.)								
9		An agricultura	al research organization desc	cribed in section 170(b)(1)(A)(ix) operate	in conjunc	ction with a land-grant college						
		or university	or a non-land-grant college of	f agriculture (see instructions).	Enter the na	ame, city, a	nd state of the college or						
	_	university:						**********					
10		An organizati	on that normally receives: (1) more than 33 1/3% of its sup	port from co	ontributions,	membership fees, and gross						
		receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its											
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
			-	1,17.		,							
11	H	-		exclusively to test for public safe									
12			-	exclusively for the benefit of, to									
				ations described in section 50			, , , ,						
	_	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
	а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the											
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.											
	h	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having											
	b			ting organization vested in the s									
				Part IV, Sections A and C.	same perso	ns triat corn	to or manage the supported						
	С		. ,	supporting organization operated	d in connec	tion with a	nd functionally integrated with						
				tructions). You must complete									
	d	Type III	non-functionally integrated	I. A supporting organization ope	erated in co	nnection wi	th its supported organization(s	3)					
				organization generally must sa				,					
		requireme	ent (see instructions). You n	nust complete Part IV, Section	ns A and D	, and Part	V.						
	е			eived a written determination fro			ype I, Type II, Type III						
		functiona	lly integrated, or Type III no	n-functionally integrated support	ting organiz	ation.							
	f		mber of supported organization	**********************									
	g	Provide the f	ollowing information about th	e supported organization(s).									
() Nam	e of supported	(ii) EIN	(Hi) Type of organization	1	organization	(v) Amount of monetary	(vi) Amount of					
	ong	ganization		(described on lines 1-10 above (see instructions))		our governing ment?	support (see instructions)	other support (see instructions)					
				above (see assubablis))	Yes	No	ansa dicatorisy	arou ocuoris)					
/A)	_				169	NO							
(A)													
****	-				-								
(B)													
					-								
(C)													
	_				-								
(D)													
					-								
(E)													
	-												
ota													

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,331,446	4,555,807	4,241,251	3,282,706	456,658	16,867,868
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	4,331,446	4,555,807	4,241,251	3,282,706	456,658	16,867,868
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						16,867,868
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	4,331,446	4,555,807	4,241,251	3,282,706	456,658	16,867,868
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,659	5,954	5,544	7,719	9,976	36,852
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	Total support. Add lines 7 through 10						16,904,720
12	Gross receipts from related activities, etc. (se	ee instructions)				12	2,869,967
13	First five years. If the Form 990 is for the or	rganization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3))	_
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (line 6, or						99.78%
15	Public support percentage from 2017 Schedu	ule A, Part II, line 14				15	99.62%
16a	33 1/3% support test-2018. If the organization			and line 14 is 33 1	/3% or more, check	this	▶ X
	box and stop here. The organization qualifie	es as a publicly supp	oorted organization				
b	33 1/3% support test-2017. If the organiza						
	this box and stop here. The organization qua						
17a	10%-facts-and-circumstances test-2018	3. If the organization	did not check a bo	x on line 13, 16a, o	or 16b, and line 14 i	S	
	10% or more, and if the organization meets	the "facts-and-circur	nstances" test, che	ck this box and st	op here. Explain in		
	Part VI how the organization meets the "fact						N
	organization						
b	10%-facts-and-circumstances test-2017	7. If the organization	did not check a bo	x on line 13, 16a,	16b, or 17a, and line	е	
	15 is 10% or more, and if the organization metaplain in Part VI how the organization meet	ts the "facts-and-cire	cumstances" test. T	he organization qu	alifies as a publicly		▶ □
	supported organization						
18	Private foundation. If the organization did n instructions	not check a box on !	ine 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		▶ □

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

50	If the organization fails to	qualify under the	he tests listed t	pelow, please of	omplete Part II	l.)	
	ction A. Public Support Indar year (or fiscal year beginning in)						
	, ,	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
6	Total. Add lines 1 through 5						
7a							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sac	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(-) 0044	(1-) 0045	(-) 0040	18		
9	American Francisco	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the o	organization's first, s	second, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su						
5	Public support percentage for 2018 (line 8, c						%
6	Public support percentage from 2017 Schedu					16	%
	tion D. Computation of Investmen			volume (fi)		47	9/
17	Investment income percentage for 2018 (line		11 47			40	%
8	Investment income percentage from 2017 S			4 and line 15 is my			76
19a	33 1/3% support tests—2018. If the organi 17 is not more than 33 1/3%, check this box						▶ 🗆
b	33 1/3% support tests—2017. If the organi						
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a pubi	icly supported orga	anization	
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A D, and F. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations.	n Nov. 20, 1970	(explain in Part VI). See	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizati	ons (continuea)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	oorted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Elife o amount arrided by line o arrident	(i)	(ii)	(ili)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
	From 2014			
	From 2015			
	From 2016			
	F 0047			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
-	Carryover from 2013 not applied (see instructions)			
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form	990 or 990-EZ) 2018	San	Juan	Center	For	Indepen	ndence	85-0462199	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2	Information IV, Section A ; Part IV, Se t V, line 1; Pa	Provide A, lines ction C, art V, Se	e the expla 1, 2, 3b, 3c line 1; Par ection B, lin	nations ; 4b, 4d t IV, Se ne 1e; P	required by c, 5a, 6, 9a, ction D, line art V, Secti	Part II, line 10 9b, 9c, 11a, 1 es 2 and 3; Par ion D, lines 5, 6); Part II, line 17a or 1b, and 11c; Part IV, t IV, Section E, lines 5, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 Open to Public

Inspection Go to www.irs.gov/Form990 for instructions and the latest information Employer identification number Name of the organization 85-0462199 San Juan Center For Independence Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

3,205,622

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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85-	U4	621	99

	Complete if the organization answered "Y		ID. See Form 550, Fait A, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
) Financial	derivatives		
) Closely-hel	ld equity interests		
(B)			
	,.,.,.		
(E)			
(F)			
(G)			
(H)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 1	
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9) otal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.)		
(8) (9) otal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Y (a) Desc.		1d. See Form 990, Part X, line 15.
(8) (9) otal. (Columi Part IX	Other Assets. Complete if the organization answered "Y		
(8) (9) otal. (Column Part IX	Other Assets. Complete if the organization answered "Y		
(8) (9) otal. (Column Part IX (1) (2)	Other Assets. Complete if the organization answered "Y		
(8) (9) otal. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Y		
(8) (9) otal. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Y		
(8) (9) otal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Y		
(8) (9) otal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Y		
(8) 9) potal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Y		
(8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Y		
(8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Y	xiption	
(8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Y (a) Desc (a) Desc (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	xiption	(b) Book value
(8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answered "Y (a) Desc (b) must equal Form 990, Part X, col. (B) line 15.)	xiption	(b) Book value
(8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "Y (a) Desc (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Y	xiption	(b) Book value
(8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "Y (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25.	es" on Form 990, Part IV, line 1	(b) Book value
(8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X	Other Assets. Complete if the organization answered "Y (a) Description of liability Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability	es" on Form 990, Part IV, line 1	(b) Book value
(8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "Y (a) Description of liability Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability	es" on Form 990, Part IV, line 1	(b) Book value
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(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answered "Y (a) Description of liability Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability	es" on Form 990, Part IV, line 1	(b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 San Juan Center For Independe	nce	85-0462199)	Page 4
	art XI Reconciliation of Revenue per Audited Financial Stateme				
	Complete if the organization answered "Yes" on Form 990, Pa				
1				1	3,398,514
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a			
	Donated services and use of facilities				
c	Recoveries of prior year grants	2c			
d					
	Add lines 2a through 2d			2e	
3				3	3,398,514
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		-	0/000/021
7		4a			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)			4-	
C	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c	2 200 E14
					3,398,514
Pa	art XII Reconciliation of Expenses per Audited Financial Statem			eturn.	
-	Complete if the organization answered "Yes" on Form 990, Pa			4	2 247 266
_	***************************************			1	3,347,266
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
а	Donated services and use of facilities				
Ь	***************************************				
C					
d					
e	Add lines 2a through 2d			2e	
3		· · · · · · · · · · · · · · · · · · ·		3	3,347,266
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIII.)	4b	10,360	1	
1.0					
C	Add lines 4a and 4b			4c	10,360
C	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	10,360 3,357,626
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.			5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	nes 1b and 2b; F	Part V, line 4; Part X,	5	
Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lire	nes 1b and 2b; F	Part V, line 4; Part X, mation.	5 line	
Provide 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any art XII, Line 4b - Expense Amounts Included	nes 1b and 2b; F y additional infon on Retu	Part V, line 4; Part X, mation.	line	3,357,626
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Schedule D (Fe	orm 990) 2018	San	Juan	Center	For	Independence	85-0462199	Page 5
Part XIII	Supplement	al Inf	ormation	(continued)		Independence		
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

OMB No. 1545-0047 2018

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

Open to Public Inspection

ame of the on	genization		Limpioyer	denuncation notioer
San J	Juan Center For Independence		85-0	462199
Part I	Organizations Maintaining Donor Advised Funds or Complete if the organization answered "Yes" on Form 9	Other Similar Funds or A 90, Part IV, line 6.		
		(a) Donor advised funds	(1)	b) Funds and other accounts
1 Total r	number at end of year			
	the section of security form (Abelian const.)			
	gate value at end of year			
5 Did th	e organization inform all donors and donor advisors in writing that the asset	s held in donor advised		
	are the organization's property, subject to the organization's exclusive legal			Yes No
	e organization inform all grantees, donors, and donor advisors in writing tha			
only fo	or charitable purposes and not for the benefit of the donor or donor advisor,	or for any other purpose		
confer	ring impermissible private benefit?	4		Yes No
Part II	Conservation Easements. Complete if the organization answered "Yes" on Form 9	90, Part IV, line 7.		
1 Purpos	se(s) of conservation easements held by the organization (check all that ap	oply).		
PI	reservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	rtant land	area
Pi	rotection of natural habitat	Preservation of a certified historic	structure	
P	reservation of open space			
2 Comp	lete lines 2a through 2d if the organization held a qualified conservation cor	ntribution in the form of a conserva	tion	
easen	nent on the last day of the tax year.			Held at the End of the Tax Yea
a Total	number of conservation easements		2a	
b Total	acreage restricted by conservation easements	***************************************	2b	
c Numb	er of conservation easements on a certified historic structure included in (a)	2c	
	er of conservation easements included in (c) acquired after 7/25/06, and no			
historic	c structure listed in the National Register		2d	
	er of conservation easements modified, transferred, released, extinguished,		during the	
tax ye	ar 🕨			
4 Numb	er of states where property subject to conservation easement is located			
5 Does	the organization have a written policy regarding the periodic monitoring, ins	spection, handling of		
violatio	ons, and enforcement of the conservation easements it holds?			Yes No
6 Staff a	and volunteer hours devoted to monitoring, inspecting, handling of violations			ng the year
	nt of expenses incurred in monitoring, inspecting, handling of violations, an	d enforcing consequation agreemen	to during th	o imar
		d emorary conservation easemen	is during if	ie year
	each conservation easement reported on line 2(d) above satisfy the require	aments of section 170/h)(4)/P)(i)		
	ection 170(h)(4)(B)(ii)?	ements of section 170(n)(4)(B)(i)		Yes No
	t XIII, describe how the organization reports conservation easements in its	rotonic and amount statement	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Lies Line
	sheet, and include, if applicable, the text of the footnote to the organization			
	ization's accounting for conservation easements.	on a manda satementa trat desc	inca uic	
Part III	Organizations Maintaining Collections of Art, Histori Complete if the organization answered "Yes" on Form 9	ical Treasures, or Other \$	Similar A	Assets.
1a If the	organization elected, as permitted under SFAS 116 (ASC 958), not to repor		noo shoot	
works	of art, historical treasures, or other similar assets held for public exhibition,	education or research in furthers	nce of	
	service, provide, in Part XIII, the text of the footnote to its financial stateme		100 01	
	organization elected, as permitted under SFAS 116 (ASC 958), to report in		sheet	
	of art, historical treasures, or other similar assets held for public exhibition,			
	service, provide the following amounts relating to these items:			
	evenue included on Form 990, Part VIII, line 1		•	\$
(ii) As	ssets included in Form 990, Part X			\$
	organization received or held works of art, historical treasures, or other simi	lar assets for financial gain, provid-	e the	***********************
followi	ng amounts required to be reported under SFAS 116 (ASC 958) relating to	these items:		
	ue included on Form 990, Part VIII, line 1			\$
b Assets	s included in Form 990, Part X			Schodule D./Ferry 2003 200

Description of	property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land			659,750		659,750
b Buildings			2,967,670	734,479	2,233,191
c Leasehold improvement			261,481	59,516	201,965
d Equipment			476,755	366,039	110,716
e Other					
Total. Add lines 1a through 1	e. (Column (d) must	equal Form 990, Part X, column	(B), line 10c.)	D	3,205,622

Part VII	form 990) 2018 San Juan Center For Inc Investments—Other Securities.			
Lair All	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir	e 11b. See Form 990, Pa	rt X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-year	market value
1) Financial	derivatives			
	eld equity interests			
(A)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(B)				
(C)	,,,,			
(D)				
(E)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(F)	,,,,			
(H)	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
COLF AUI	Complete if the organization answered "Yes" on Fo	orm 990, Part IV. lir	ne 11c. See Form 990. Pa	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. Complete if the organization answered "Yes" on Fo	om 990 Part IV lis	ne 11d See Form 990 Pa	ert X line 15
	(a) Description	offit 930, 1 art IV, III	ie 11d. dee 1 oiiii 550, 1 a	(b) Book value
(1)	(a) books.			1-7
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>	
Part X	Other Liabilities. Complete if the organization answered "Yes" on Foline 25.	orm 990, Part IV, li	ne 11e or 11f. See Form 9	990, Part X,
	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(5)				

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Sche	edule D (Form 990) 2018 San Juan Center For Indepen	dence	85-0462199		Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial State	ments With Re	venue per Retu	m.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12	2a.		
1				1	3,398,514
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b					
	Recoveries of prior year grants	2c			
d		2d			
e				2e	
3	***************************************			3	3,398,514
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		3	3,330,314
-		40	1		
	Investment expenses not included on Form 990, Part VIII, line 7b				
b		4D			
	Add lines 4a and 4b			4c	2 200 514
_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,398,514
Pa	art XII Reconciliation of Expenses per Audited Financial Stat			eturn	•
	Complete if the organization answered "Yes" on Form 990			- 1	2 247 066
1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1	3,347,266
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	İ		
a	*****************************				
b	Prior year adjustments	2b		1	
C					
d	The state of the s			1	
е	Add lines 2a through 2d			2e	
3				3	3,347,266
4					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
			10,360	-	
	Other (Describe in Part XIII.)			.	10 360
C	Add lines 4a and 4b			4c	10,360
5 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	10,360 3,357,626
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.			5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; F	Part V, line 4; Part X,	5	
Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Fe any additional infor	Part V, line 4; Part X, mation.	5 line	
Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Fe any additional infor	Part V, line 4; Part X, mation.	5 line	
Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XII, Line 4b - Expense Amounts Includ	V, lines 1b and 2b; le any additional infored on Retu	Part V, line 4; Part X, mation.	ine	3,357,626
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Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XII, Line 4b - Expense Amounts Includ	V, lines 1b and 2b; le any additional infored on Retu	Part V, line 4; Part X, mation.	ine	3,357,626
Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XII, Line 4b - Expense Amounts Includ	V, lines 1b and 2b; le any additional infored on Retu	Part V, line 4; Part X, mation.	ine	3,357,626
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Schedule D (Fe	om 990) 2018	San	Juan	Center	For	Independen	ice 8	35-0462199	Page	5
Part XIII	Supplement	al Inf	ormation	(continued)					· (ii)	
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SCHEDULE O (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.

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

85-0462199 San Juan Center For Independence Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Board Reviews and Approves Annually. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Board reviews conflict of interest annually. Form 990, Part VI, Line 15a - Compensation Process for Top Official Board Approves all salary increases. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available Upon Request Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Book / Tax Depreciation Difference \$ 10,360 Form 990, Part XII, Line 2c - Change in Financial Review Process Board reviews and approves annually

Form 4562

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018 hment 179

Identifying number Name(s) shown on return 85-0462199 San Juan Center For Independence Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,000,000 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 2,500,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . 5 (b) Cost (business use only) (a) Description of property Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 15 Property subject to section 168(f)(1) election 154,299 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Part III MACRS deductions for assets placed in service in tax years beginning before 2018 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (f) Method (g) Depreciation deduction (e) Convention (business/investment use (a) Classification of property period only-see instructions) service 19a 3-year property b 5-year property 7-year property C 10-year property 15-year property 8 20-year property 25-year property 25 yrs. 27.5 yrs. MM SA Residential rental property MM 27.5 yrs. SAL 39 yrs. MM SA Nonresidential real property S/L Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 30-year 30 yrs. MM SA C d 40-year 40 yrs. S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 154,299 22 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions... For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs.

SANJ San Juan Center For Independence

85-0462199

Federal Statements

FYE: 6/30/2019

Form 990. Part IX	Line 11a	- Other Fee:	for Service	(Non-employee)
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	Total Expenses	Program Service	agement & General	und ising
\$	\$ 102,861	8,297	\$ 94,564	\$
\$	\$ 102,861	8,297	\$ 94,564	\$ 0
4 11 1 1 1 - 4	01.11.4.0	A/-V		

Schedule A. Part II. Line 1(e)

Description	Amount	
Govt Grants or Contribs Other Contributions Other income	\$ 430,32 24,30 2,02	7
Total	\$ 456,65	

Schedule A. Part II. Line 8(e)

Description	Amount
Interest Income	\$ 9,976
Total	\$ 9,976

Schedule A. Part II, Line 12 - Current year

Description	 Amount
Program Service Revenue	\$ 2,869,967
Total	\$ 2,869,967

SANJ San Juan Center For Independence

85-0462199

Federal Statements

11/18/2020 10:02 AM

FYE: 6/30/2019

Taxable Interest on Investments

Description

Amount Unrelated Exclusion Postal Acquired after US

Business Code Code 6/30/75 Obs (\$ or %)

Interest Income

\$ 9,976 \$ 9,976

14

Total

SANJ San Juan Center For Independence 11 85-0462199 Future Depreciation Report FYE: 6/30/20

FYE: 6/30/2019

Form 990, Page 1

11/18/2020 10:01 AM

sset	Description	Date In Service	Cost	Tax	AMT
68	Improvements	12/31/14	3,010	430	430
69	Ford vehicle	12/31/14	32,171	4,596	4,596
70	Parking lot	6/30/15	195,375	13,025	13,025
71	Amazon furnitrue and fixture	8/03/16	3,021	431	431
72	Desk set - Director's office	12/01/16	5,204	744	744
73	2015 Ram 1500 4WD Crew Cab	3/01/17	40,000	5,715	5,715
74	Garage doors	4/01/17	16,236	541	541
75	Foundation	6/01/17	2,165	145	145
76	Front Desk Unit	1/23/19	8,663	1,237	1,237
77	7ft BA Fan	2/05/19	2,789	398	398
78	Foundation & Footings for Greenhouse	5/03/19	8,524	568	568
79	Prepwork for Greenhouse	10/04/18	602	40	40
80	33' Classic Growing Dome Kit Greenhouse	2/26/19	32,368	2,158	2,158
81	2014 Toyota Sienna Wheelchair Van	8/23/18	41,689	8,338	8,338
82	Workmaster 258 Subcompact Tractor	8/23/18	13,911	1,987	1,987
83	16' Classic Utility Trailer	11/16/18	2,295	328	328
84	Blade for Tractor	12/11/18	595	85	85
	Total Other Depreciation		4,365,660	146,364	146,364
	Total ACRS and Other Depreciation		4,365,660	146,364	146,364
	Grand Totals		4,365,660	146,364	146,364

SANJ San Juan Center For Independence 11/18/2020 10:01 AM 85-0462199 Future Depreciation Report FYE: 6/30/20

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT	
Other J	Depreciation:					
1	Land	8/01/09	442,109	0	0	
2	Wireless network	6/01/01	2,057	0	0	
3	Wall unit	6/01/03	947	0	0	
4	Hand cycles	6/01/03	4,243	0	0	
5	Dual computer monitors 10 Waiting rm chairs/2 office chairs	6/01/05 7/01/01	1,539 1,208	0	0	
7	Recumbent recreation bike	6/01/03	1,627	0	0	
8	Land	1/01/18	217,641	0	0	
9	Dual 17 monitors	7/01/01	736	0	Ö	
10	Dual 19 monitors	7/01/05	845	0	0	
11	Infocus in 24 video projector	6/01/08	699	0	0	
12	Vacuums Dyson/Bissell	7/01/01	657	0	0	
13	Panasonic wireless camera	7/01/03	790	2 250	0	
14	Warehouse Paskethall Court	2/01/18 9/13/17	97,497 24,993	3,250 1,666	3,250 1,666	
15 16	Basketball Court VPN routers	7/01/09	725	0,000	0	
17	Doublesight dual 19 monitors	11/01/07	692	0	0	
18	Doublesight dual 19 monitors	8/01/03	799	Ö	Ö	
19	NEC DTERM 80 phone system-Gal	8/01/01	1,631	0	0	
20	HP 3005n printer	8/01/05	1,101	0	0	
21	Fujitsui Scansnap 501	8/01/03	441	0	0	
22	Sectional couch - black leather	8/01/05	1,387	0	0	
23	42 Dynex tv	8/01/05	880 593	0	0	
24	3 outdoor canopies	9/01/06 9/01/03	1,077	0	0	
25 26	Frigidaire refrigerator 4 Dell 22 monitors	9/01/04	3,506	0	0	
27	Desk/reception furniture	10/01/02	6,861	ő	0	
28	Fencing	2/05/18	9,183	612	612	
29	Dell computer	10/01/01	506	0	0	
30	New phone system - Farmington (m	10/01/09	3,542	0	0	
31	New phone system - Gallup	10/01/09	1,000	0	0	
32	Phone headset	11/01/03	291	0	0	
33	New server - Farmington	10/01/07 11/01/02	5,180 1,052	0	0	
34	3 Dell computers - Gallup - Collins 3 Dell computers - mccabe AFP - C	11/01/02	526	0	0	
35 36	Scansnap scanner	11/01/03	436	0	0	
37	Battery backup	11/01/04	1,448	0	0	
38	Kitchen equipment	10/01/11	25,828	0	0	
39	Washer & dryer (traded for electrol	11/01/11	1,192	0	0	
40	Electrolux front load washer	1/06/13	780	112	112	
41	Motorized conference table 4'x8'	11/01/08	4,799	0	0	
42	55 Phillips hdtv	10/01/11 10/01/11	1,302 660	0	0	
43	42 lcd tv 20x12 shade structure for garden	1/01/13	2,887	207	207	
45	Tree structure for garden	1/01/13	1,500	108	108	
46	2 Orec commercial vacuums	1/02/13	1,409	118	118	
47	3 Dellplex 790 cpus (Carver Parker	1/06/13	1,819	0	0	
48	18 VOIP phones	1/06/13	4,697	615	615	
49	4 Dell Optiplex 3010 cpus	1/06/13	2,000	3,127	3,127	
50	Sensory playground incl padding	2/27/14 2/21/14	21,888 2,183	312	312	
51	18 x 18 snap together dance floor	5/07/13	567	0	0	
52 53	Dell optiplex 3010 mt cpu - Larry Dell optiplex 3010 mt cpu - Woodya	10/14/13	567	0	0	
54	Dell optiplex 3010 mt cpu - Largo	10/14/13	567	0	0	
55	Alarm interface program for FOBS	12/30/13	3,252	0	0	
56	15 Macbook pro computer incl pro	9/17/13	2,939	0	0	
57	4 Dell Inspiron one 2330 all in one	9/17/13	4,352	0	0	
58	Zoorntext 10 Magnifier reader (Farm	9/17/13	595	0 243	243	
59	VanTask e-series computer desk	9/19/13 9/19/13	1,701 586	0	0	
60	Zoomtext 10 magnifier reader (Gall	5/01/05	44,820	0	0	
61 62	Toyota Sienna 2005 2006 Ford Van E350 w/ conversion	7/01/04	33,435	Ö	0	
63	2008 Toyota Sienna van	10/01/09	49,395	0	0	
64	2013 Honda EX-L wheelchair van	1/07/13	61,675	0	0	
65	Walkway for Orchard	6/25/18	17,629	1,176	1,176 93,407	
66	Building	6/01/03	2,802,205 19,368	93,407 645	645	
67	Assessible garden education areas	6/01/01	17,300	043	0.10	

SANJ San Juan Center For Independence
85-0462199

Depreciation Adjustment Report

FYE: 6/30/2019

All Business Activities

AMT Adjustments/ Preferences

11/18/2020 10:01 AM

Form Unit Asset

Tax

AMT

There are no assets that meet the criteria of this report

SANJ San Juan Center For Independence

Net Grand Totals

85-0462199

FYE: 6/30/2019

AMT Asset Report Form 990, Page 1

11/18/2020 10:01 AM

154,299

1,003,114

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per	Conv Meth	Prior	Current
				- 70	TTO DOTIGO					
69	Ford vehicle	12/31/14	32,171			32,171		MO S/L	13,472	4,596
70	Parking lot	6/30/15	195,375			195,375	-	MO S/L	39,075	13,025
71	Amazon furnitrue and fixture	8/03/16	3,021			3,021	7	MO S/L	1,008	432
72	Desk set - Director's office	12/01/16	5,204			5,204	7	MO S/L	1,177	743
73	2015 Ram 1500 4WD Crew Cab	3/01/17	40,000			40,000	7	MO S/L	7,619	5,714
74	Garage doors	4/01/17	16,236			16,236	30	MO S/L	676	541
75	Foundation	6/01/17	2,165			2,165	15	MO S/L	156	144
76	Front Desk Unit	1/23/19	8,663			8,663	7	MO S/L	0	516
77	7ft BA Fan	2/05/19	2,789			2,789	7	MO S/L	0	166
78	Foundation & Footings for Greenhouse	5/03/19	8,524			8,524	15	MO S/L	0	95
79	Prepwork for Greenhouse	10/04/18	602			602	15	MO S/L	0	30
80	33' Classic Growing Dome Kit Greenhouse	2/26/19	32,368			32,368	15	MO S/L	0	719
81	2014 Toyota Sienna Wheelchair Van	8/23/18	41,689			41,689	5	MO S/L	0	6,948
82	Workmaster 258 Subcompact Tractor	8/23/18	13,911			13,911	7	MO S/L	0	1,656
83	16' Classic Utility Trailer	11/16/18	2,295			2,295	7	MO S/L	0	191
84	Blade for Tractor	12/11/18	595			595	7	MO S/L	0	50
	Total Other Depreciation		4,365,660			4,365,660			1,003,114	154,299
	Total ACRS and Other Depres	ciation	4,365,660			4,365,660			1,003,114	154,299
	Grand Totals Less: Dispositions and Transfers					4,365,660			1,003,114	154,299 0

4,365,660

4,365,660

11/18/2020 10:01 AM

SANJ San Juan Center For Independence 85-0462199 AMT Asset Report

Form 990, Page 1

FYE: 6/30/2019

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Asset	Doscription	11 0011100	0000	70 110 001143	101 2001		7 1,01	
Other	Depreciation:							
1	Land	8/01/09	442,109		442,109	0 Land	0	0
2	Wireless network	6/01/01	2,057		2,057	5 MO S/L	2,057	0
3	Wall unit	6/01/03	947		947	7 MO S/L	947	0
4	Hand cycles	6/01/03	4,243		4,243 1,539	7 MO S/L 5 MO S/L	4,243 1,539	0
5	Dual computer monitors 10 Waiting rm chairs/2 office chairs	6/01/05 7/01/01	1,539 1,208		1,208	7 MO S/L	1,208	ő
6	Recumbent recreation bike	6/01/03	1,627		1,627	7 MO S/L	1,627	Ö
8	Land	1/01/18	217,641		217,641	0 Land	0	0
9	Dual 17 monitors	7/01/01	736		736	and the second second	736	0
10	Dual 19 monitors	7/01/05	845		845	5 MO S/L	845	0
11	Infocus in 24 video projector	6/01/08	699		699	5 MO S/L	699	0
12	Vacuums Dyson/Bissell	7/01/01	657		657	5 MO S/L	657	0
13	Panasonic wireless camera	7/01/03	790		790	5 MO S/L	790	2 250
14	Warehouse	2/01/18	97,497		97,497 24,993	30 MO S/L 15 MO S/L	1,354 1,250	3,250 1,666
15	Basketball Court	9/13/17 7/01/09	24,993 725		725	5 MO S/L	725	0
16	VPN routers Doublesight dual 19 monitors	11/01/07	692		692	5 MO S/L	692	0
17 18	Doublesight dual 19 monitors	8/01/03	799		799		799	0
19	NEC DTERM 80 phone system-Gal	8/01/01	1,631		1,631	5 MO S/L	1,631	0
20	HP 3005n printer	8/01/05	1,101		1,101	5 MO S/L	1,101	0
21	Fujitsui Scansnap 501	8/01/03	441		441	5 MO S/L	441	0
22	Sectional couch - black leather	8/01/05	1,387		1,387	7 MO S/L	1,387	0
23	42 Dynex tv	8/01/05	880		880		880	0
24	3 outdoor canopies	9/01/06	593		593	7 MO S/L	593	0
25	Frigidaire refrigerator	9/01/03	1,077		1,077	7 MO S/L	1,077	0
26	4 Dell 22 monitors	9/01/04	3,506		3,506		3,506 6,453	408
27	Desk/reception furniture	10/01/02	6,861		6,861 9,183	7 MO S/L 15 MO S/L	255	612
28	Fencing	2/05/18 10/01/01	9,183 506		506		506	0
29	Dell computer	10/01/01	3,542		3,542		3,542	0
30 31	New phone system - Farmington (m New phone system - Gallup	10/01/09	1,000		1,000	7 MO S/L	1,000	0
32	Phone headset	11/01/03	291		291	5 MO S/L	291	0
33	New server - Farmington	10/01/07	5,180		5,180		5,180	0
34	3 Dell computers - Gallup - Collins	11/01/02	1,052		1,052		1,052	0
35	3 Dell computers - mccabe AFP - C	11/01/02	526		526		526 436	0
36	Scansnap scanner	11/01/03	436		436 1,448		1,448	0
37	Battery backup	11/01/04	1,448 25,828		25,828		24,906	922
38	Kitchen equipment	10/01/11 11/01/11	1,192		1,192		1,163	29
39	Washer & dryer (traded for electrol Electrolux front load washer	1/06/13	780		780		464	111
40	Motorized conference table 4'x8'	11/01/08	4,799		4,799		4,742	57
41 42	55 Phillips hdtv	10/01/11	1,302		1,302	5 MO S/L	1,302	0
43	42 led tv	10/01/11	660		660	5 MO S/L	660	0
44	20x12 shade structure for garden	1/01/13	2,887		2,887		2,268	412
45	Tree structure for garden	1/01/13	1,500		1,500		1,178	214 201
46	2 Orec commercial vacuums	1/02/13	1,409		1,409		1,090 1,819	0
47	3 Dellplex 790 cpus (Carver Parker	1/06/13	1,819		1,819		3,411	671
48	18 VOIP phones	1/06/13	4,697		4,697 2,000		2,000	0
49	4 Dell Optiplex 3010 cpus	1/06/13	2,000 21,888		21,888	7 MO S/L	13,550	3,127
50	Sensory playground incl padding	2/27/14 2/21/14	2,183		2,183		1,352	312
51	18 x 18 snap together dance floor	5/07/13	567		567		567	0
52	Dell optiplex 3010 mt cpu - Larry Dell optiplex 3010 mt cpu - Woodya	10/14/13	567		567	5 MO S/L	539	28
53 54	Dell optiplex 3010 mt cpu - Largo	10/14/13	567		567		539	28
55	Alarm interface program for FOBS	12/30/13	3,252		3,252	3 MO S/L	3,252	0
56	15 Macbook pro computer incl pro	9/17/13	2,939		2,939	5 MO S/L	2,793	146 218
57	4 Dell Inspiron one 2330 all in one	9/17/13	4,352		4,352		4,134 565	30
58	Zoomtext 10 Magnifier reader (Farm	9/17/13	595		1,701		1,154	243
59	VanTask e-series computer desk	9/19/13	1,701 586		586		556	30
60	Zoomtext 10 magnifier reader (Gall	9/19/13	44,820		44,820		44,820	0
61	Toyota Sienna 2005	5/01/05 7/01/04	33,435		33,435		33,435	0
62	2006 Ford Van E350 w/ conversion	10/01/09	49,395		49,395	5 MO S/L	49,395	0
63	2008 Toyota Sienna van 2013 Honda EX-L wheelchair van	1/07/13	61,675		61,675	5 MO S/L	51,315	10,360
64	Walkway for Orchard	6/25/18	17,629		17,629		630 496	1,175 93,407
66	Building	6/01/03	2,802,205		2,802,205		630,496 3,390	646
67	Assessible garden education areas	6/01/01	19,368		19,368		1,505	430
68	Improvements	12/31/14	3,010		5,010	I WIO SIL	1,505	.23
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SANJ San Juan Center For Independence 85-0462199 Federal Asset Report Form 990, Page 1

FYE: 6/30/2019

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per	Conv Meth	Prior	Current
69	Ford vehicle	12/31/14	32,171			32,171	7	MO S/L	13,472	4,596
70	Parking lot	6/30/15	195,375			195,375	15	MO S/L	39,075	13,025
71	Amazon furnitrue and fixture	8/03/16	3,021			3,021	7	MO S/L	1,008	432
72	Desk set - Director's office	12/01/16	5,204			5,204	7	MO S/L	1,177	743
73	2015 Ram 1500 4WD Crew Cab	3/01/17	40,000			40,000	7	MO S/L	7,619	5,714
74	Garage doors	4/01/17	16,236			16,236		MO S/L	676	541
75	Foundation	6/01/17	2,165			2,165		MO S/L	156	144
76	Front Desk Unit	1/23/19	8,663			8,663		MO S/L	0	516
77	7ft BA Fan	2/05/19	2,789			2,789	-	MO S/L	0	166
78	Foundation & Footings for Greenhouse	5/03/19	8,524			8,524	15	MO S/L	0	95
79	Prepwork for Greenhouse	10/04/18	602			602		MO S/L	0	30
80	33' Classic Growing Dome Kit Greenhouse	2/26/19	32,368			32,368		MO S/L	0	719
81	2014 Toyota Sienna Wheelchair Van	8/23/18	41,689			41,689		MO S/L	0	6,948
82	Workmaster 258 Subcompact Tractor	8/23/18	13,911			13,911		MO S/L MO S/L	0	1,656
83	16' Classic Utility Trailer	11/16/18 12/11/18	2,295 595			2,295 595		MO S/L	0	50
84	Blade for Tractor	12/11/10	393				f	MO S/L		
	Total Other Depreciation	_	4,365,660			4,365,660			1,003,114	154,299
	Total ACRS and Other Depreciation					4,365,660			1,003,114	154,299
	Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense		4,365,660 0 0			4,365,660 0 0			1,003,114 0 0	154,299 0 0
	Net Grand Totals	-	4,365,660		2	4,365,660			1,003,114	154,299

85-0462199

SANJ San Juan Center For Independence 85-0462199 Federal Asset Report

FYE: 6/30/2019

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Form	990, Page 1	

sset	Description	Date In Service	Cost	Bus Sec % 179 Bonus fo	Basis or Depr	PerConv Meth	Prior	Current
ther	Depreciation:							
	Land	8/01/09	442,109		442,109	0 - Land	0	
2	Wireless network	6/01/01	2,057		2,057	5 MO S/L	2,057	
3	Wall unit	6/01/03	947		947	7 MO S/L	947	
4	Hand cycles	6/01/03	4,243		4,243 1,539	7 MO S/L 5 MO S/L	4,243 1,539	
-	Dual computer monitors	6/01/05 7/01/01	1,539 1,208		1,208	7 MO S/L	1,208	
6	10 Waiting rm chairs/2 office chairs Recumbent recreation bike	6/01/03	1,627		1,627	7 MO S/L	1,627	
-	Land	1/01/18	217,641		217,641	0 Land	0	
9	Dual 17 monitors	7/01/01	736		736	5 MO S/L	736	
-	Dual 19 monitors	7/01/05	845		845	5 MO S/L	845	
11	Infocus in 24 video projector	6/01/08	699		699	5 MO S/L	699	
12	Vacuums Dyson/Bissell	7/01/01	657		657	5 MO S/L	657	
13	Panasonic wireless camera	7/01/03	790		790	5 MO S/L	790	
14	Warehouse	2/01/18	97,497		97,497	30 MO S/L	1,354	3,25
15	Basketball Court	9/13/17	24,993		24,993	15 MO S/L	1,250	1,66
16	VPN routers	7/01/09	725		725	5 MO S/L	725	
17	Doublesight dual 19 monitors	11/01/07	692		692	5 MO S/L	692	
	Doublesight dual 19 monitors	8/01/03	799		799	5 MO S/L	799	
19	NEC DTERM 80 phone system-Gal	8/01/01	1,631		1,631	5 MO S/L	1,631	
	HP 3005n printer	8/01/05	1,101		1,101	5 MO S/L	1,101 441	
21	Fujitsui Scansnap 501	8/01/03	441		441	5 MO S/L		
22	Sectional couch - black leather	8/01/05	1,387		1,387	7 MO S/L 7 MO S/L	1,387 880	
23	42 Dynex tv	8/01/05	880 593		880 593	7 MO S/L	593	
24	3 outdoor canopies	9/01/06 9/01/03	1,077		1,077	7 MO S/L	1,077	
25	Frigidaire refrigerator	9/01/03	3,506		3,506	5 MO S/L	3,506	
26	4 Dell 22 monitors	10/01/02	6,861		6,861	7 MO S/L	6,453	4
27 28	Desk/reception furniture	2/05/18	9,183		9,183	15 MO S/L	255	6
29	Fencing Dell computer	10/01/01	506		506	5 MO S/L	506	
30	New phone system - Farmington (m	10/01/09	3,542		3,542	7 MO S/L	3,542	
31	New phone system - Gallup	10/01/09	1,000		1,000	7 MO S/L	1,000	
32	Phone headset	11/01/03	291		291	5 MO S/L	291	
33	New server - Farmington	10/01/07	5,180		5,180	5 MO S/L	5,180	
34	3 Dell computers - Gallup - Collins	11/01/02	1,052		1,052	5 MO S/L	1,052	
35	3 Dell computers - mccabe AFP - C	11/01/02	526		526	5 MO S/L	526	
36	Scansnap scanner	11/01/03	436		436	5 MO S/L	436	
37	Battery backup	11/01/04	1,448		1,448	5 MO S/L	1,448	
38	Kitchen equipment	10/01/11	25,828		25,828	7 MO S/L	24,906	9
39	Washer & dryer (traded for electrol	11/01/11	1,192		1,192	7 MO S/L	1,163	1
40	Electrolux front load washer	1/06/13	780		780	7 MO S/L	464	,
41	Motorized conference table 4'x8'	11/01/08	4,799		4,799	7 MO S/L 5 MO S/L	1,302	
42	55 Phillips hdtv	10/01/11	1,302		1,302 660	5 MO S/L	660	
43	42 lcd tv	10/01/11	660		2,887	7 MO S/L	2,268	4
44	20x12 shade structure for garden	1/01/13	2,887 1,500		1,500	7 MO S/L	1,178	2
45	Tree structure for garden	1/01/13 1/02/13	1,409		1,409	7 MO S/L	1,090	2
46	2 Orec commercial vacuums	1/06/13	1,819		1,819	5 MO S/L	1,819	
47	3 Dellplex 790 cpus (Carver Parker	1/06/13	4,697		4,697	7 MO S/L	3,411	(
48	18 VOIP phones	1/06/13	2,000		2,000	5 MO S/L	2,000	
49	4 Dell Optiplex 3010 cpus Sensory playground incl padding	2/27/14	21,888		21,888	7 MO S/L	13,550	3,1
50	18 x 18 snap together dance floor	2/21/14	2,183		2,183	7 MO S/L	1,352	3
51	Dell optiplex 3010 mt cpu - Larry	5/07/13	567		567	5 MO S/L	567	
52	Dell optiplex 3010 mt cpu - Woodya	10/14/13	567		567	5 MO S/L	539	
53 54	Dell optiplex 3010 mt cpu - Largo	10/14/13	567		567	5 MO S/L	539	
55	Alarm interface program for FOBS	12/30/13	3,252		3,252	3 MO S/L	3,252	
56	15 Macbook pro computer incl pro	9/17/13	2,939		2,939	5 MO S/L	2,793	,
57	4 Dell Inspiron one 2330 all in one	9/17/13	4,352		4,352	5 MO S/L	4,134	
58	Zoomtext 10 Magnifier reader (Farm	9/17/13	595		595	5 MO S/L	565 1,154	
59	VanTask e-series computer desk	9/19/13	1,701		1,701	7 MO S/L	556	
60	Zoomtext 10 magnifier reader (Gall	9/19/13	586		586	5 MO S/L 5 MO S/L	44,820	
61	Toyota Sienna 2005	5/01/05	44,820		44,820 33,435	5 MO S/L 5 MO S/L	33,435	
62	2006 Ford Van E350 w/ conversion	7/01/04	33,435		49,395	5 MO S/L	49,395	
63	2008 Toyota Sienna van	10/01/09	49,395		61,675	5 MO S/L	51,315	10,3
64	2013 Honda EX-L wheelchair van	1/07/13 6/25/18	61,675 17,629		17,629		98	1,
65	Walkway for Orchard	6/25/18	2,802,205		2,802,205		630,496	93,4
66	Building	6/01/01	19,368		19,368		3,390	(
67	Assessible garden education areas Improvements	12/31/14	3,010		3,010		1,505	4

San Juan Center For Independence 1204 San Juan Blvd Farmington, NM 87401

Electing out of Bonus Depreciation Allowance for 15-Year Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under TRC Section 168(k)(7) for all eligible 15-year depreciable property placed in service during the tax year.

San Juan Center For Independence 1204 San Juan Blvd Farmington, NM 87401

Electing out of Bonus Depreciation Allowance for 10-Year Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 10-year depreciable property placed in service during the tax year.

San Juan Center For Independence 1204 San Juan Blvd Farmington, NM 87401

Electing out of Bonus Depreciation Allowance for 7-Year Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 7-year depreciable property placed in service during the tax year.

San Juan Center For Independence 1204 San Juan Blvd Farmington, NM 87401

Electing out of Bonus Depreciation Allowance for 5-Year Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 5-year depreciable property placed in service during the tax year.

San Juan Center For Independence 1204 San Juan Blvd Farmington, NM 87401

Electing out of Bonus Depreciation Allowance for 3-Year Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 3-year depreciable property placed in service during the tax year.