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GOVERNMENT COPY

Form 8	879-TE		IR	S e-file Signature A for a Tax Exemp	uthorization t Entity		ON	/IB No. 1545-0047
ronn -		For calendar ve		iscal year beginning $JUL 1$, 20	-	0 . 20 2 3	3	0000
		, er eureriaar ye	a: ====, e: :	Do not send to the IRS. Keep f		,	_	2022
	ent of the Treasury Revenue Service		Go	to www.irs.gov/Form8879TE for t	•			
Name c	f filer					EIN	or SSN	
	Becomi	ng Inde	pende	ent		94	4-26411	47
Name a	nd title of officer or pe			uana Vaetoe				
Numo u				hief Executive Off	icer			
Part	I Type of	Return and		n Information				
Form 5 or 10a whiche	5330 filers may enter below, and the am	er dollars and c ount on that lir lank (do not er	ents. For ne for the nter -0-). E	ing this Form 8879-TE and enter the all other forms, enter whole dollars return being filed with this form wa But, if you entered -0- on the return, Total revenue, if any (Form 990, I	only. If you check the bo s blank, then leave line 1 then enter -0- on the appl	x on line 1 lb, 2b, 3b, 4 licable line l	la, 2a, 3a, 4a 4b, 5b, 6b, 7l below. Do n	, 5a, 6a, 7a, 8a, 9a, b, 8b, 9b, or 10b,
2a	Form 990-EZ che			Total revenue, if any (Form 990-E				
3a	Form 1120-POL			Total tax (Form 1120-POL, line 22				
4a	Form 990-PF che			Tax based on investment incom				
-14 5a	Form 8868 check			Balance due (Form 8868, line 3c)	-			
6a	Form 990-T chec			Total tax (Form 990-T, Part III, line				
0a 7a	Form 4720 check			Total tax (Form 4720, Part III, line				
8a	Form 5227 check			FMV of assets at end of tax year				
9a	Form 5330 check			Tax due (Form 5330, Part II, line 1				
9a 10a	Form 8038-CP cl			Amount of credit payment reque		vrt III. lina 24		
Part				Authorization of Officer of			2) 100	
			·	m an officer of the above entity or			th respect to	(namo
of enti		, i declare triat	<u>11</u> 1a	, (E			-	
acknow of any entry t financi later th payme persor PIN: c	wledgement of rece refund. If applicable o the financial instit al institution to deb an 2 business days nt of taxes to receiv al identification nur heck one box only	ipt or reason for e, I authorize th ution account it the entry to t s prior to the pa ve confidential mber (PIN) as n	or rejectic ne U.S. Tr indicated this accor ayment (s informati ny signat	tronic return originator (ERO) to sen on of the transmission, (b) the rease reasury and its designated Financia I in the tax preparation software for unt. To revoke a payment, I must co settlement) date. I also authorize the on necessary to answer inquiries ar ure for the electronic return and, if a	on for any delay in proces Agent to initiate an elect payment of the federal ta ontact the U.S. Treasury F financial institutions invo d resolve issues related	ssing the re- tronic funds ixes owed of Financial Agolved in the to the payn electronic	turn or refund s withdrawal (on this return gent at 1-888- processing c nent. I have s funds withdr	d, and (c) the date (direct debit) , and the 353-4537 no of the electronic elected a awal.
L	Lauthorize D1	.11w00d	Burke			to ente	er my PIN	62261
				ERO firm name				er five numbers, but not enter all zeros
	with a state age on the return's o As an officer or return. If I have	ency(ies) regula disclosure cons person subject indicated withi	ting char sent scre t to tax w n this ret	lectronically filed return. If I have ind ities as part of the IRS Fed/State pr en. with respect to the entity, I will enter urn that a copy of the return is bein PIN on the return's disclosure conse	ogram, I also authorize th my PIN as my signature o g filed with a state agency	ne aforemer on the tax y	ntioned ERO	to enter my PIN ctronically filed
Signature	e of officer or person subje	ect to tax					Date	
Part		ation and A	uthenti	cation				
ERO's	EFIN/PIN. Enter ye	our six-digit ele	ectronic fi	ling identification				
numbe	er (EFIN) followed by	y your five-digit	self-sele	cted PIN.	68745532 Do not enter all			
submit		•	-	which is my signature on the 2022 e uirements of Pub. 4163, Modernize	lectronically filed return ir	ndicated ab		
ERO's s	signature				Date	01/15/	/24	
				A Must Datain This Farm	Soo Instructions			
		Do No		O Must Retain This Form - nit This Form to the IRS Un		Do So		
і на т	For Privacy Act and			n Act Notice, see instructions.			Form	8879-TE (2022)
LITA	or Frivacy Act an		เอินแปเป	יו הסו ושטווטב, פכב ווופנו עכנוטווא.			FUII	(2022)
202521	12-16-22							

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a	sonarato	application	for	each r	oturn
гпе а	separate	application	TOF	eacnr	eturn.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instruct	tions.		Taxpayer	identification number	er (TIN)
print	Becoming Independent				94-264114	7
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see 1455 Corporate Center Parkwa		ions.			<u>.</u>
return. See instructions.	City, town or post office, state, and ZIP code. For a fore Santa Rosa, CA 95407		ress, see instructions.			
Enter the	Return Code for the return that this application is for (file a	a separat	te application for each return)	-		01
Applicati		Return	Application			Return
Is For		Code	Is For			Code
) or Form 990-EZ	01	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
)-T (trust other than above)	06	Form 8870			12
Form 990)-T (corporation)	07				
	Luana Vaetoe					
The bo	poks are in the care of \blacktriangleright 1455 Corporate (Cente	er Parkway - Santa	Rosa,	CA 95407	
the ▶[▶[quest an automatic 6-month extension of time until organization named above. The extension is for the organ calendar year or X tax year beginning JUL 1, 2022 he tax year entered in line 1 is for less than 12 months, che Change in accounting period	nization's	return for: d ending <u>JUN 30, 2023</u>	the exem	npt organization retur · n	n for
	nis application is for Forms 990-PF, 990-T, 4720, or 6069, 6	enter the	tentative tax, less	3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069, 6	enter anv	refundable credits and		. .	
est	imated tax payments made. Include any prior year overpay	yment all	owed as a credit.	Зb	\$	0.
	ance due. Subtract line 3b from line 3a. Include your payr					
usi	ng EFTPS (Electronic Federal Tax Payment System). See i	nstructio	ns.	3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawal (c ns.	direct deb	bit) with this Form 8868, see Form 84	53-TE and	d Form 8879-TE for p	ayment
LHA F	or Privacy Act and Paperwork Reduction Act Notice, so Mail to: Department Internal Re Ogden, UT &	of t evenu	he Treasury Ne Service Center		Form 8868 (Re	v. 1-2022)

223841 04-01-22

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

Department of the Treasury Internal Revenue Service			Go to www.irs.gov/Form990 for instructions and th	ne latest in	formation.	Inspection			
			ar year, or tax year beginning $ { m JUL}1,2022$ and e	ending J	JUN 30, 2023				
	Check if applicabl	e: C Name o	organization		D Employer identific	ation number			
	Addre	Beco	ming Independent						
	Name		usiness as		94-264114	17			
	Initial return			Room/suite					
	Final	1/55	Corporate Center Parkway	loon, outo	707-524-6				
	termir		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	19,449,881.			
	Amen return	ded Cant	a Rosa, CA 95407		H(a) Is this a group re				
	Applic tion		nd address of principal officer: Luana Vaetoe		for subordinates'				
	pendi		as C above		H(b) Are all subordinates in				
1	Fax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 🗌 527	If "No," attach a	list. See instructions			
٦V	Nebsi	te: http	s://becomingindependent.org/		H(c) Group exemptior	n number			
K	orm o	f organization:	X Corporation Trust Association Other	L Year (of formation: 1980 N	I State of legal domicile: CA			
Pa	art I	Summary							
~	1		e the organization's mission or most significant activities: Promo						
Governance		for ind	ividuals with Intellectual and Deve	elopme	ntal <u>Disabi</u>	lities.			
rna	2	Check this bo	x if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.			
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)			12			
ত গ	4	Number of inc	ependent voting members of the governing body (Part VI, line 1b)			12			
es			of individuals employed in calendar year 2022 (Part V, line 2a)			291			
Activities			of volunteers (estimate if necessary)			12			
Acti			d business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		0.			
				_	Prior Year	Current Year			
e	8		and grants (Part VIII, line 1h)		$\frac{2,622,611}{12,102,176}$	1,062,152.			
ent	9		ce revenue (Part VIII, line 2g)		13,183,176.	12,758,420.			
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		36,307.	135,228.			
_	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-24,924.	46,968.			
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>15,817,170.</u> 0.	14,002,768.			
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	40	-	to or for members (Part IX, column (A), line 4)		7,445,369.	9,146,677.			
Expenses	15	Drofossional f	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 272,26		0.	0.			
en:	10a	Total fundrais	ng expenses (Part IX, column (A), line 11e)	6.	0.				
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,850,046.	2,530,658.			
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,295,415.	11,677,335.			
			expenses. Subtract line 18 from line 12		6,521,755.	2,325,433.			
JC S		1.0101001000			ginning of Current Year	End of Year			
Net Assets or	20	Total assets (F	Part X, line 16)		23,196,073.	26,241,697.			
Ass	21		(Part X, line 26)		1,404,488.	1,891,734.			
Net	22		fund balances. Subtract line 21 from line 20		21,791,585.	24,349,963.			
	art II	Signature		•	1	- -			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date						
	Type or print name and title							
	Print/Type preparer's name Preparer's signature Date	Check PTIN						
Paid	Christina Z Hollingsworth Christina Z Hollings 01/15,	/24 self-employed P02090706						
Preparer	Firm's name Dillwood Burkel & Millar, LLP	Firm's EIN 68-0456752						
Use Only	Firm's address 175 Concourse Boulevard, Suite A							
	Santa Rosa, CA 95403	Phone no. (707) 577-8806						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	IN S2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

<pre>If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experimente, if any, for each program service reported. a (Code:) (Expenses \$6,136,882. including grants of \$) (Revenue \$8, F. Education & Employment Programs: This fiscal year, Becoming Independent served over 250 people with intellectual and developmental disabilities in our Education program of living both meaningful and fulfilling lives through exploration of living both meaningful and fulfilling lives through exploration development in the areas of Education and Employment. Our program created with the understanding that all people have the right to their own paths and the right to be valued as active community mutified services include building skills in the areas of health, wellness nutrition, socialization, communication, arts, music, self-advocd and professional growth and exploration. b (Code:)(Expenses3,969,159. including grants of) (Revenue \$3, Living Services teams offer two support options for those whe choose to live independently. Independent Living Services (ILS), serving over 100 individuals annually, are centered around develor skills to achieve the level of independence of one's choosing. Objectives are designed based on an assessment of current skills including self-advocacy, health and safety, personal and social is mobility, accessing community resources, and financial management Supported Living Services (SLS), with upwards of 75 individuals, provide the support required for a person to live their most independent life, in their own home, on their own terms. Services </pre>	<u></u>
Briefly describe the organization's mission: Elevating human abilities for the mutual benefit of our community Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If 'Yes,' describe these new services on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services?	<u></u>
Elevating human abilities for the mutual benefit of our community Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization is program service accomplishments for each of its three largest program services, as measured by exp Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe revenue, if any, for each program service reported. (Code:	
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Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experiment [farw, for each program service reported. [code:	Yes X
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Objectives are designed based on an assessment of current skills including self-advocacy, health and safety, personal and social s mobility, accessing community resources, and financial management Supported Living Services (SLS), with upwards of 75 individuals, provide the support required for a person to live their most independent life, in their own home, on their own terms. Services flexible and person-centered, offering customized assistance.	oping
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flexible and person-centered, offering customized assistance.	
	s are
(Code:) (Expenses \$435,693. including grants of \$) (Revenue \$} Transportation:	867,20
Agency vehicles provide rides to hundreds of individuals annually	y to
and from their homes, jobs, BI program sites, volunteer sites and	1
community events all over Sonoma and surrounding counties. In add	
BI stands ready, as it has in the past, to make use of its variou	
vehicle types to help in the event of need, be that due to an eme	ergenc
or other need of the community when possible.	
Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 10,541,734.)
)
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Form 990 (2022) Becoming Independent
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		<u> </u>
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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			37
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in 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,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		
D		11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
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 Form 990 (2022)
 Becoming Independent

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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, Part I	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 Regulations			
	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 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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 33	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2022) Becoming Independent 94-26412 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	147	P	_{age} 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 291			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		х
h	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	0a		
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	154		
h	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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		0000	
232005	12-13-22	Form	990	(2022)

6 2022.05040 becoming independent

<form> If there are meterial differences in outing rights among members of the governing body, or the governing tools, or the governing body or and or the direct supervision of the organization bases. If we were the formation of the organization bases or the second or the second or the second or the second or the organization bases or the second or the</form>	1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
bit dreb the number of values control to or similar committee, option of Statelite 0. 12 10 Did any officer, director, furstee, or key employee have a family relationship or a business relationship with any officer director, trustee, or key employee have a family relationship or a business relationship with any officer director, trustee, or key employee have a family relationship or a business relationship with any officer director, trustee, or key employees to a significant diversion of the organization decemps any significant diversion of the organization is a significant diversis greadiation is a significant diversion of the			1		
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persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process on 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? 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 17 List the states with which a copy of this Form 990 is required to be filed <u>CA</u> 18 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) as for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records Luana Vaetoe - (707) 524 - 6600 1455 Corporate Center Parkway, Santa Rosa, CA 95407 232006 12-13-22 Form S					
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If "Yes" to line 15a or 15b, describe the process on 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? 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 16b 17 List the states with which a copy of this Form 990 is required to be filed CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A, if applicable), 990, and 990-T (section 501(c)(3)s only) are for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on 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. 20 20 State the name, address, and telephone number of the person who possesses the organization's books and records Luana Vaetoe - (707) 524-6600 1455 Corporate Center Parkway, Santa Rosa, CA 95407 7		-			X
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? 16a Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed			100		
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exempt status with respect to such arrangements? 16b Section C. Disclosure CA 17 List the states with which a copy of this Form 990 is required to be filed CA CA 18 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) as for public inspection. Indicate how you made these available. Check all that apply. Image: Check all that apply. Image: Check all that apply. 19 Describe on 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records Luana Vaetoe - (707) 524 - 6600 14555 Corporate Center 7					
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 18 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) as for public inspection. Indicate how you made these available. Check all that apply. I Own website I Another's website I Upon request Other (explain on Schedule O) 19 Describe on 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records Luana Vaetoe - (707)524-6600 232006 12-13-22 					
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 19 Describe on 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records <u>Luana Vaetoe - (707)524-6600</u> <u>1455 Corporate Center Parkway, Santa Rosa, CA 95407</u> 232006 12-13-22 Form S 					
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20 State the name, address, and telephone number of the person who possesses the organization's books and records Luana Vaetoe - (707)524-6600 1455 Corporate 232006 12-13-22 7 7	19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finano	cial	
Luana Vaetoe - (707)524-6600 1455 Corporate Center Parkway, Santa Rosa, CA 95407 232006 12-13-22 7		statements available to the public during the tax year.			
1455 Corporate Center Parkway, Santa Rosa, CA 95407 232006 12-13-22 Form 9 7 7	20	State the name, address, and telephone number of the person who possesses the organization's books and records			
1455 Corporate Center Parkway, Santa Rosa, CA 95407 232006 12-13-22 7		Luana Vaetoe - (707)524-6600			
232006 12-13-22 Form 9					
7	232006		Form	990	(2022)
	000				(-9-6)
500129 134701 62261 2022.05040 BECOMING INDEPENDENT	01			62	261

Becoming	Independent

Form 990 (2022)

Section A. Governing Body and Management

94-2641147 Page 6

X

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Yes No

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 on Schedule O. See instructions.

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

Form 990 (2022) Becoming Independent	94-2641147	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with List all of the organization's current officers, directors, trustees (whether individuals or organizations), regard 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B)	(C) Position		(D)	(E)	(F)				
Name and title	Average hours per		(do not check more than one box, unless person is both an			than o		Reportable compensation	Reportable compensation	Estimated amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	ruste			Densa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		ploye	se com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Luana Vaetoe	40.00	<u> </u>	<u> </u>	ò	ž	<u>= =</u>	Ĕ			
Chief Executive Officer				x				297,072.	0.	8,804.
(2) Paula Kraus Finley	40.00									· · ·
Chief of Services					х			209,032.	0.	14,330.
(3) James Cox	40.00									
Director of Community Serv						Х		136,248.	0.	6,330.
(4) Mehkhai Vang	40.00									
Direct Support Professional						X		101,080.	0.	5,839.
(5) David House	1.00									
Past President		X						0.	0.	0.
(6) Joerg Olson	1.00		K.							
Member		х						0.	0.	0.
(7) Nicholas Dieter	3.00									
President		х		X				0.	0.	0.
(8) Bonnie Burrell	2.00									
Vice President		X		X				0.	0.	0.
(9) Donna Cates	1.00								•	
Secretary	1	х		X				0.	0.	0.
(10) Carrie Mauritson	1.00								•	
Member	1 00	Х						0.	0.	0.
(11) Bryan Wright	1.00								•	
Deputy		Х						0.	0.	0.
(12) Sheri Wenzel	2.00			37				0	0	
	1 00	Х		X				0.	0.	0.
(13) Alicia Burns	1.00							0	0	
Member	1 00	Х				-		0.	0.	0.
(14) Denee Locke	1.00	v						0.	0.	
Member	1 00	Х				<u> </u>		0.	0.	0.
(15) Terry Fassold Member	1.00	x						0.	0.	0.
(16) Eric Gullotta	1.00	^	-					U•	0.	<u> </u>
Member	1.00	x						0.	0.	0.
(17) Jeff Woods	40.00	^	-	<u> </u>	<u> </u>	-		0.	0.	<u> </u>
CFO resigned 10/23	40.00			x				0.	0.	0.
232007 12-13-22	1	I	I	177	I	1	I	0.	0.	Form 990 (2022)

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232007 12-13-22

Form **990** (2022)

Form 990 (2022) Becoming									94-26	411	47	Page 8
Part VII Section A. Officers, Directors, Trust		oloye	es,			hest	t C		· /			
(A) Name and title	(B) Average hours per week	Average Position Reportable F nours per box, unless person is both an officer and a director (trustee) compensation co							(E) Reportable compensatior from related	n	Estir amo	(F) mated ount of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key em ployee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		compe fror orgar and i	nsation n the nization related izations
					_							
										Þ		
										\square		
										\dashv		
					_					\dashv		
					_							
										-		
1b Subtotal								743,432.		0.	35	,303.
c Total from continuation sheets to Part VII <u>d</u> Total (add lines 1b and 1c)								0.		0.	35	<u>0.</u> ,303.
2 Total number of individuals (including but n							o re		000 of reportable			<u>,</u>
compensation from the organization					-						V	4 /es No
3 Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for si</i>											3	X
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	e co	mpe	nsat	ion a	and	oth	er compensation from t	he organization		4	x
5 Did any person listed on line 1a receive or a	ccrue compen	satio	, on fr	om a	any i	unrel	ate	ed organization or individ	dual for services			X
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	<u>ch p</u>	ersc	<u></u>					5	
1 Complete this table for your five highest con										ensati	on from	1
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	th o	r wit	hin	the organization's tax y	ear.		(C)	
Name and business								Description of s	ervices	Co	ompens	ation
Descor Builders, 1000 Enterprise Way STE 100, Roseville, CA 95678 Construction								4,	709	<u>,995.</u>		
HGA , 222 Sutter St. #500, San Francisco, CA 94108 Architecture								128	<u>,297.</u>			
The Engine is Red, 409 Mendocino Ave. Floor 2, Santa Rosa, CA 95401 Marketing								115,175.				
Coogler's Auto Repair 990 Piner Road, Santa Rosa, CA 95403 Auto Repair								107	,237.			
Kyocera, 1269 Corporate Center Pkwy, Santa Software Services Rosa, CA 95407 and Equipment									103	,776.		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5												

232008 12-13-22

	990 () t VII					pendent			94-2641	147 Pa
		Check if Schedule O	conta	ains a res	sponse	or note to any lin				[
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclu from tax unc
								lanction revenue	business revenue	sections 512 -
Ś	1 a	Federated campaigns		1	a					
iun		Membership dues			b					
Ē		Fundraising events			c	212,710.				
IΓΑ		Related organizations			d					
nila		Government grants (contr			e					
Sir		All other contributions, gifts,								
her	•	similar amounts not included			F	849,442.				
ō	g				g \$	76,872.				
and Other Similar Amounts	-	Total. Add lines 1a-1f				,	1,062,152.			
						Business Code				
	2 a	Service fees				624100	11,427,181.	11427181.		
	2 u b	Work activities revenue			624310	826,695.				
Jue	c	Reimbursements				624310	504,544.	504,544.		
ver	d						-,		-	
Řevenue	e									
		All other program service	rever	חוופ						
		Total. Add lines 2a-2f					12,758,420.			
	3	Investment income (includ					, ,			
	U	•	Ũ				261,241.			261,2
	4	Income from investment of					,			
	5	Royalties		•	•					
	J			(i) F		(ii) Personal				
	6 2	Gross rents	6a	(., .		() • • • • • • • •				
		Gross rents Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)								
		Gross amount from sales of	" <u>…</u>	(i) Sec	urities	(ii) Other				
	<i>i</i> a		7-	()	1,059.	6,700.				
	L	assets other than inventory	7a	5,00	±,000.	0,700.				
1)	D	Less: cost or other basis	71.	5 1 9	5,387.	1,385.				
enue		and sales expenses		,	L,328.					
eve		Gain or (loss)					-126,013.			-126,0
		Net gain or (loss)					-120,013.			-120,0
	8 a	Gross income from fundraisi								
		including \$								
		contributions reported on				289,182.				
		Part IV, line 18				250,341.				
		Less: direct expenses				230,341.	38,841.			38,8
		Net income or (loss) from					55,041.			
	эa	Gross income from gamin								
		Part IV, line 19								
		Less: direct expenses				I				
		Net income or (loss) from			ues					
	10 a	Gross sales of inventory,								
		and allowances								
		Less: cost of goods sold				1				
+	С	Net income or (loss) from	sales	ot inver	itory	Duoireas Ord				
		Miggollonoour Trees	•			Business Code	0 107	0 107		
Revenue		Miscellaneous Incom				561300	8,127.	8,127.		
en	b									
Sev	С									
		All other revenue								
	е	Total. Add lines 11a-11d					8,127.			
	12	Total revenue. See instruction	one				14,002,768.	12766547.	0.	174,0

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	Check if Schedule O contains a respon		er organizations must con this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			general enpeneer	
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	543,536.	429,732.	113,804.	
6	Compensation not included above to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,283,262.	6,640,414.	449,032.	193,816.
8	Pension plan accruals and contributions (include	- •			• -
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	634,273.	583,057.	39,732.	11,484.
10	Payroll taxes	685,606.	637,156.	33,335.	15,115.
11	Fees for services (nonemployees):	-			
а					
b					
с	•				
d					
е					
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	221,074.	108,448.	109,234.	3,392.
12	Advertising and promotion	197,408.	188,576.	8,832.	
13	Office expenses		/		
14	Information technology				
15	Royalties				
16	Occupancy	173,647.	164,841.	6,817.	1,989.
17	Travel	117,994.	117,368.	579.	47.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,036.	15,359.	3,785.	1,892.
20	Interest	18,410.	18,205.	137.	68.
21	Payments to affiliates	(20.001		00.007	C 001
22	Depreciation, depletion, and amortization	630,884.	597,626.	26,867.	6,391.
23	Insurance	123,908.	117,369.	4,359.	2,180.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Vehicle expenses	397,756.	396,158.	1,598.	
b	Supplies	350,835.	299,891.	50,944.	
с	Repairs & maintenance	126,475.	99,947.	4,548.	21,980.
d		110,291.	102,208.	5,101.	2,982.
е	All other expenses	40,940.	25,379.	4,631.	10,930.
25	Total functional expenses. Add lines 1 through 24e	11,677,335.	10,541,734.	863,335.	272,266.
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)				

 Form 990 (2022)
 Becoming Independent

 Part IX
 Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). ck if Schedule O line in this D - ntair oto to - IV

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Form 990 (2022)
Part X Balance Sheet

		Check if Schedule O contains a response or note	to any	line in this Part X				
		oneck in Schedule O contains a response of hote	to any		(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			893,038.	1	8,500,786.	
	2	Savings and temporary cash investments		6,892,595.	2	120,078.		
	3	Pledges and grants receivable, net			252,069.	3	25,000.	
	4	Accounts receivable, net			1,067,482.	4	1,246,657.	
	5	Loans and other receivables from any current or fo			_,,			
		trustee, key employee, creator or founder, substar						
		controlled entity or family member of any of these				5		
	6	Loans and other receivables from other disqualifie						
		under section 4958(f)(1)), and persons described in		6				
s	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sale or use			2,553.	8	4,481.	
As	9	Duran id an anna an an dalafaran dalaharan a			92,384.	9	147,794.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	14,722,876. 3,405,272.				
	b	Less: accumulated depreciation	10b	3,405,272.	9,698,649.	10c	11,317,604.	
	11	Investments - publicly traded securities		4,285,980.	11	4,583,772.		
	12	Investments - other securities. See Part IV, line 11		12				
	13	Investments - program-related. See Part IV, line 11		13				
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			11,323.	15	295,525.	
	16	Total assets. Add lines 1 through 15 (must equal			23,196,073.	16	26,241,697.	
	17	Accounts payable and accrued expenses			1,404,488.	17	1,624,259.	
	18	Grants payable				18		
	19	Deferred revenue				19		
	20					20		
	21	Escrow or custodial account liability. Complete Pa				21		
es	22	Loans and other payables to any current or former						
iliti		trustee, key employee, creator or founder, substar						
Liabilities		controlled entity or family member of any of these				22		
	23	Secured mortgages and notes payable to unrelate				23		
	24	Unsecured notes and loans payable to unrelated t		E E E E E E E E E E E E E E E E E E E		24		
	25	Other liabilities (including federal income tax, paya						
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X	0.	05	267,475.	
		of Schedule D			1,404,488.	25	1,891,734.	
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check			1,404,400.	26	1,091,754.	
ŝ		and complete lines 27, 28, 32, and 33.	k nere					
nce	07				21,790,889.	27	24,257,828.	
ala	27 28	Net assets with donor restrictions			696.	27	92,135.	
Б	20	Organizations that do not follow FASB ASC 958			0501	20	52,155.	
ЦЦ		and complete lines 29 through 33.	s, chec					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29		
ets	30				30			
Ass	31		aid-in or capital surplus, or land, building, or equipment fund					
et/	32	Total net assets or fund balances			21,791,585.	31 32	24,349,963.	
z	33	Total liabilities and net assets/fund balances		I	23,196,073.	33	26,241,697.	
	00				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00	6000 (0000)	

Form 990 (2022)

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	1990 (2022) Becoming Independent	94	-2641	147	Pa	_{ige} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,67		
3	Revenue less expenses. Subtract line 2 from line 1	3		,32		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21	,79		
5	Net unrealized gains (losses) on investments	5		24	2,1	89.
6	Donated services and use of facilities	6				
7	Investment expenses	7				71.
8	Prior period adjustments	8		2	8,9	27.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			~ ^		~ ~
	column (B))	10	24	,34	9,9	63.
Ра	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u></u>		
					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 on Schedule	Ο.				37
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				v	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
	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 review, or compilation of its financial statements and selection of an independent accountant?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			20	21	
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	soule C).			
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			- Ou		<u> </u>
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
		<u></u>			990	(2022)
						()

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Name of the organization Employer identification n								identification number				
		Beco	ming Indep	endent					4-2641147			
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.				
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)						
1	Ŭ.	A church, convention of ch					1)(A)(i).					
2		A school described in sect				· A						
3	\square	A hospital or a cooperative)(b)(1)(A)(ii	ii).					
4	\square	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
-		city, and state:	·	, .				<i>N T</i>	· ,			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
-		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).					
7	\square	An organization that norma	•					ne general r	oublic described in			
•		section 170(b)(1)(A)(vi). (C	-		onn a gove	Similar		le general i				
8		A community trust describe		(1)(A)(vi) (Complete Par	них			*				
9	\square	An agricultural research org				ad in coniu	upotion with a	land grant	collogo			
9			•					-	-			
		or university or a non-land-g	grant college of agric	ulture (see instructions).		name, city	, and state of	the college				
10	X	university:	Illy reacives (1) more	than 22 1/20/ of its sum	ort from o	ostributior	no momborob	in face and	d areas ressints from			
10	<u> </u>	An organization that norma										
		activities related to its exem										
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acqui	red by the org	janization a	iπer June 30, 1975.			
		See section 509(a)(2). (Con										
11		An organization organized a	-									
12		An organization organized a						-				
		more publicly supported or							Check the box on			
		lines 12a through 12d that	• •			-		-				
а		Type I. A supporting orga	-			-						
		the supported organization			majority c	of the direc	ctors or truste	es of the su	ipporting			
		organization. You must o	-									
b		Type II. A supporting org	-				-		-			
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	ly integrate	ed with,			
	_	its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	/eness			
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .					
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated supporting	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
g		vide the following information			(iii) is the even	-insting listed						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount o	,	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)			
_												
Tota	I											
		Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	232021 12-	09-22	Sche	dule A (Form 990) 2022			

	A (Form 990) 2022
Part II	Support Schedule fo

Becoming Independent 94-2641 or Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	9	4 –	2	6	4	1	1	4	7	Page	2
--	---	-----	---	---	---	---	---	---	---	------	---

Parti	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
	(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.)
Section A	A. Public Support

Sec	LION A. FUDIIC Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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						
12	, i ,	•				12	
13	First 5 years. If the Form 990 is for the		rst, second, third, r	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
0	organization, check this box and stop						
	ction C. Computation of Publi			. (2)			
	Public support percentage for 2022 (I		-			14	%
	Public support percentage from 2021					15	. %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
D	33 1/3% support test - 2021. If the o	-					
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	vi now the organiz	
	meets the facts-and-circumstances te	-			•	70 and line 15 in t	L
D	10% -facts-and-circumstances test	-					10% 01
	more, and if the organization meets the						
10	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	IT UIU HOL CHECK A		a, 100, 17a, 01 17D	, oneok this box a		;
						Scriedule A	1 JIII JJUJ ZUZZ

Becoming Independent

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

qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	<u></u>					
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	672,544.	575,761.	3137364.	2622611.	1062152.	8070432.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13049659.	13649609.	13490148.	13183176.	12758420.	66131012.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513	218,620.	66,878.	58,089.	157,960.	289,182.	790,729.
4	Tax revenues levied for the organ-						
	ization'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	13940823.	14292248.	16685601.	15963747.	14109754.	74992173.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	103,076.	20,024.	70,529.	35,070.	30,413.	259,112.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year	103,076.	20,024.	70,529.	35,070.	30 /13	259,112.
	Public support. (Subtract line 7c from line 6.)	105,070.	20,024.	10,525.	55,070.		74733061.
Se	ction B. Total Support						/1/330010
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	13940823.	14292248.		15963747.	14109754.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	22,183.	71,180.	40,234.	96,172.	201,241.	499,010.
k	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 						
	Add lines 10a and 10b	22,183.	71,180.	48,234.	96,172,	261,241,	499,010.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		,1,1000	10,1010			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	13963006.					
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, ⁻	fourth, or fifth tax y	year as a section 5	01(c)(3) organizatio	on,
_							
	ction C. Computation of Publi		•				
15	Public support percentage for 2022 (column (f))		15	99.00 %
<u>16</u>	Public support percentage from 2021					16	98.69 %
	ction D. Computation of Inves						66
	Investment income percentage for 20					17	<u>.66 %</u>
18	Investment income percentage from					18	<u>.90 %</u>
198	a 33 1/3% support tests - 2022. If the	-					27
	more than 33 1/3%, check this box a						
Ľ	33 1/3% support tests - 2021. If the	•					
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization			•		•	
20 2320	23 12-09-22	A GIG HOL CHECK &	50X 011 mile 14, 196		113 DUN ANU SEE 1115		A (Form 990) 2022
2020			16			Somedule P	

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16

Becoming Independent

1

2

3a

3b

3c

Yes No

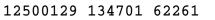
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on 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.
- 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 line 10b below.
- 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.)

232024 12-09-22



17 2022.05040 BECOMING INDEPENDENT

4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

Schedule A	(Form 990) 2	022	Becoming	Independent
Part IV	Supporti	ng Organiza	ations (continu	ed)

	Yes	No
11a		
11b		
11c		
	11b	11a 11b

more su directors effective organiza supporte 2 Did the	governing body, members of the governing body, officers acting in their official capacity, or membership of one or upported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, s, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> ely operated, supervised, or controlled the organization's activities. If the organization had more than one supported ation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
supporte 2 Did the				
2 Did the	ed organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	organization operate for the benefit of any supported organization other than the supported			
organiza	ation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
Part VI	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
supervis	ed, or controlled the supporting organization.	2		
Section C.	Type II Supporting Organizations			
			Yes	No

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(c)	

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box	next to the method that	the organiza	tion used to satis	fy the Integral Part	Test during the	year (see instructions).
-----------------	-------------------------	--------------	--------------------	----------------------	-----------------	--------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported	a governmental entity (see instructions).
---	--	---	---------------------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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62261__1

Yes No

Sche	dule A (Form 990) 2022 Becoming Independent	94-2641147 Page 6					
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.				
Sect	ion 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					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
с	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
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 0.015 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 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ated Type III supporting org	ganization (see			
	instructions).						

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022

Section D - Distributions

3

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_6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which th				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2022 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				
				Sc	chedule A (Form 990) 2022

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

4 Amounts paid to acquire exempt-use assets

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

1

2

3 4

5 6 **Current Year**

Schedule A (Form 990) 2	2022 Becoming	Independent	94-2641147 Page 8
Part VI Supplem Part IV, Ser line 1; Part	nental Information. Provide ection A, lines 1, 2, 3b, 3c, 4b, 4c, t IV, Section D, lines 2 and 3; Part lines 5, 6, and 8; and Part V, Sec	the explanations required by Part II, line 10; P 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Par tion E, lines 2, 5, and 6. Also complete this par	art II, line 17a or 17b; Part III, line 12; section B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V,
232028 12-09-22			Schedule A (Form 990) 202
232028 12-09-22		21	Schedule A (Form 990

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~~		Supplement	al Einancial Statements			OMB No. 15	545-0047
	HEDULE D n 990)		al Financial Statements anization answered "Yes" on Form 990,			201	22
		Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12		CU Open to		
	ment of the Treasury I Revenue Service		Attach to Form 990. 00 for instructions and the latest informat		Inspect		
Nam	e of the organizati					r identificatio	
De		Becoming Independe				4-26411	
Pa		n answered "Yes" on Form 990, Part IV, lir	d Funds or Other Similar Funds	or AC	counts.	Complete if the	ne
	organizatio		(a) Donor advised funds	(h) Funds ar	nd other accou	ints
1	Total number at er	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5			writing that the assets held in donor advise	ed fund	s		
	are the organizatio	on's property, subject to the organization's	exclusive legal control?			Yes	🗌 No
6			advisors in writing that grant funds can be u				
	for charitable purp	ooses and not for the benefit of the donor c	or donor advisor, or for any other purpose c	onferri	ng		
	impermissible priv	ate benefit?				Yes	No
Pa			ganization answered "Yes" on Form 990, F	Part IV,	line 7.		
1		servation easements held by the organizati					
		n of land for public use (for example, recrea					a
	—	of natural habitat	Preservation of	a certif	ied historic	structure	
•		of open space	final analysis and the time in the former		.		
2	day of the tax year	o o .	fied conservation contribution in the form c	of a cor		asement on tr at the End of th	
а					2a		
b					2b		
c	•		ucture included in (a)		2c		
		vation easements included in (c) acquired a					
					2d		
3			leased, extinguished, or terminated by the		zation durin	g the tax	
	year						
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enf	forcement of the conservation easements in	t holds?			Yes	No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervatior	n easement	s during the ye	ear
		_					
7	Amount of expens	ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion eas	ements du	ring the year	
•		netion accoment reported on line 2(d) show	a potiof, the requirements of postion 170/h		:)		
8	and section 170(h)		ve satisfy the requirements of section 170(h			Yes	No
9	. ,		on easements in its revenue and expense s				
9		-	note to the organization's financial stateme			the	
		counting for conservation easements.		nio ina			
Pa			f Art, Historical Treasures, or Oth	ner Si	milar As	sets.	
	Complete if	f the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement ar	nd bala	nce sheet v	vorks	
	of art, historical tre	easures, or other similar assets held for pul	blic exhibition, education, or research in fur	theran	ce 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 FASB 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) Powenue included on Form 990, Part VIII, line 1

232051	09-01-22	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	(ii) Assets included in Form 990, Part X	\$
	(I) Revenue included on Form 990, Part VIII, line 1	\$

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2022.05040	BECOMING	INDEPENDENT

Sche		g Independe				-2641147 Page 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or C	Other Similar A	ssets (continued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that m	ake significant use	of its
	collection items (check all that apply):					
а	Public exhibition	d	Loan or ex	change program		
b	Scholarly research	e	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explair	how they further t	the organization's	s exempt purpose i	n Part XIII.
5	During the year, did the organization solicit of	or receive donations o	of art, historical trea	asures, or other s	similar assets	
	to be sold to raise funds rather than to be ma					
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Ye	es" on Form 990, P	art IV, line 9, or
	reported an amount on Form 990, Pa					
1 a	Is the organization an agent, trustee, custod					
	on Form 990, Part X?					🛄 Yes 🔛 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	owing table:			Amount
	5 · · · · ·					Amount
C J	Beginning balance					
a	Additions during the year					
e 4	Distributions during the year				<u>1e</u> 	
20	Ending balance Did the organization include an amount on F				······	Yes No
	If "Yes," explain the arrangement in Part XIII.					
Par						
		(a) Current year	(b) Prior year	(c) Two years t		s back (e) Four years back
1a	Beginning of year balance					
b	Contributions					
с	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	a)) held as:		
а	Board designated or quasi-endowment		_%			
b	Permanent endowment	%				
с	Term endowment	<u>%</u>				
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.				
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	and administered	for the	
	organization by:					Yes No
	(i) Unrelated organizations					
	(ii) Related organizations					<u>3a(ii)</u>
b	If "Yes" on line 3a(ii), are the related organization			•		
4	Describe in Part XIII the intended uses of the		wment funds.			
Par	t VI Land, Buildings, and Equipm		Dout N/ Line 11e		aut V line 10	
	Complete if the organization answere		· · ·			
	Description of property	(a) Cost or o basis (investr	nent) basis	st or other s (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			35,000.		1,935,000.
	Buildings			24,569.	1,071,103	
	Leasehold improvements			11,441.		11,441.
	Equipment			40,930.	497,470	
e	Other		4,91	10,936.	1,836,699	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part)	X. column (B), line	10c.)		11,317,604.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Becoming In	Idependent		94-2641147 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a	Description	•	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Operating lease liability			267,475.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			267,475.
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial stateme	nts that reports the

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

Schedule D (Form 990) 2022

	edule D (Form 990) 2022 Becoming Independent				2641147 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	14,457,127.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	242,190.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	242,190.
3	Subtract line 2e from line 1			3	14,214,937.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	38,171.		
b	Other (Describe in Part XIII.)	4b	-250,340.		
				4c	-212,169.
С	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,002,768.
5	Add lines 4a and 4b <u>Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statement</u>				<u>14,002,768.</u> n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With			n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ents With	n Expenses per F		14,002,768. n. 11,927,675.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	n Expenses per F	Retur	n.
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents With	n Expenses per F	Retur	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	n Expenses per F	Retur	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With	n Expenses per F	Retur	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	n Expenses per F	Retur	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	250,340.	Retur	n. <u>11,927,675.</u> 250,340.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	250,340.	letur 1	n. 11,927,675.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	250,340.	1 2e	n. <u>11,927,675.</u> 250,340.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With	250,340.	1 2e	n. <u>11,927,675.</u> 250,340.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	250,340.	1 2e	n. <u>11,927,675.</u> 250,340.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other statements Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	250,340.	1 2e	n. <u>11,927,675.</u> <u>250,340.</u> <u>11,677,335.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	250,340.	1 2e 3	n. <u>11,927,675.</u> <u>250,340.</u> <u>11,677,335.</u>

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The Organization determines whether its tax positions are
"more-likely-than-not" to be sustained upon examination by the applicable
taxing authority based on the technical merits of the positions. As of
June 30, 2023, the Organization had no unrecognized tax positions or
uncertain tax positions requiring accrual. Therefore, no provision for
income taxes has been provided in the financial statements. Exempt
organization information returns are subject to review through three years
after the date of filing for federal and four years after the date of
filing for California.

Part XI, Line 4b - Other Adjustments:

232054 09-01-22

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Becoming Independent Part XIII Supplemental Information (continued)	94-2641147	Page 5
Fundraising direct expenses	-250,3	340.
<u> Part XII, Line 2d - Other Adjustments:</u>		
Fundraising direct expenses	250,3	340.
	Schedule D (Form 9	90) 2022
232055 09-01-22		,

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022	
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public	
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection	
Name of the organization		a Indonondont					Employer id 94-2641	entification number	
Part I Fundrais		g Independent	rod "V		Earm 000 Dart IV li	no 1			
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or 									
key employees list	ed in Form 990, Pa highest paid indiv	art VII) or entity in connection with prividuals or entities (fundraisers) pursu	rofessi	onal fi	undraising services?		Ye		
·	· ·					4.3			
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is	exempt from r	egistration	

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

Schedule G (Form 990) 2022

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Becoming Independent

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	1		•	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Dinner under			(add col. (a) through
			the Stars	Crab Feed	1	col. (c))
ø			(event type)	(event type)	(total number)	(-)/
Revenue	1	Gross receipts	369,872.	71,656.	60,364.	501,892.
	2	Less: Contributions	202,272.	4,314.	6,124.	212,710.
	3	Gross income (line 1 minus line 2)	167,600.	67,342.	54,240.	289,182.
	4	Cash prizes				
	5	Noncash prizes	56,406.	3,339.	3,596.	63,341.
Direct Expenses	6	Rent/facility costs				
ect Exp	7	Food and beverages	34,970.	15,892.	7,500.	58,362.
Ē	8	Entertainment			6,000.	6,000.
	9	Other direct expenses	105,205.	6,108.	11,325.	122,638.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			250,341.
		Net income summary. Subtract line 10 from li				38,841.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				
	0	Cash prizes				

es	2	Cash prizes							
Direct Expenses	3	Noncash prizes)					
Direct E	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes No	% _ _	Yes % No	└── Yes % └── No			
	7	Direct expense summary. Add lines 2 through	5 in column (d)						
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
9	9 Enter the state(s) in which the organization conducts gaming activities:								
а	a Is the organization licensed to conduct gaming activities in each of these states?								

b If "No," explain:

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? No

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Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	Becoming	Independent	94-2641147 Page 3
11	Does the organization conduct ga	ming activities with	nonmembers?	Yes No
			a trust, or a member of a partnership or other entity forme	
	to administer charitable gaming?			Yes No
13	Indicate the percentage of gaming			
а	The organization's facility			<u>13a</u> %
b	An outside facility			13b %
14	Enter the name and address of th	e person who prepa	res the organization's gaming/special events books and re	cords:
	Name			
	Address			
15a	Does the organization have a con	tract with a third pa	ty from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gam		, , , , , , , , , , , , , , , , , , , ,	amount
	of gaming revenue retained by the			
c	If "Yes," enter name and address	of the third party:		
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	\$		
			_	
	Description of services provided			
	Director/officer	Employee	Independent contractor	
47	Mandatan, distributional			
	Mandatory distributions:	state law to make	haritable distributions from the gaming proceeds to	
a				Yes No
h			law to be distributed to other exempt organizations or sp	
-	organization's own exempt activit			
Ра	rt IV Supplemental Infor	mation. Provide	ne explanations required by Part I, line 2b, columns (iii) and	d (v); and Part III, lines 9, 9b, 10b,
			vide any additional information. See instructions.	
2320	33 10-27-22			Schedule G (Form 990) 2022
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Schedule G	990

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SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47		
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7)		
		Compensated Employees		20		-		
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nam	ne of the organization	1	Employer id			nber		
		Becoming Independent	94-2	64114	7			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c		nal use					
	Travel for com							
	\equiv	ation and gross-up payments Health or social club dues or initiation fee	3					
	Discretionary s	spending account Personal services (such as maid, chauffer	ir, chef)					
b		on line 1a are checked, did the organization follow a written policy regarding payment or						
-		rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
2	la dia ata udai ala lifar							
3		ly, of the following the organization used to establish the compensation of the organization's						
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		ompensation consultant X Compensation survey or study						
	·	ther organizations X Approval by the board or compensation c	ommittee					
			ommittee					
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re							
а	-	e payment or change-of-control payment?		4a		x		
b		eive payment from a supplemental nonqualified retirement plan?				x		
		eive payment from an equity-based compensation arrangement?				x		
		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	,							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the re							
а	The organization?			5a		X		
b	Any related organiz	ation?		5b		X		
	If "Yes" on line 5a c	r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the n							
а	The organization?			6a		X		
	Any related organiz	ation?				X		
		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		es 5 and 6? If "Yes," describe in Part III		7		X		
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	е			37		
_				8		X		
9		d the organization also follow the rebuttable presumption procedure described in						
		53.4958-6(c)?						
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)	2022		

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Luana Vaetoe	(i)	283,159.	13,913.	0.	2,592.	6,212.	305,876.	0.
Chief Executive Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Paula Kraus Finley	(i)	199,331.	9,701.	0.	8,000.	6,330.	223,362.	0.
Chief of Services	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)			(
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Devit

	Inspection		
Employer identification number			
94-2641147			

ſ ΖU **Open to Public**

Name of the organization

Becoming Independent

Pa	TI J Types of Property		-					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
- 5	Clothing and household goods							
6	Cars and other vehicles							
7								
8	Boats and planes Intellectual property							
9 10	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Food and bevera)	X	1		Donor provi			
26	Other (Experiences)	X	1		Donor provi			
27	Other (Supplies	X	1	1,000.	<u>Donor provi</u>	ded		
28	Other ()							
29	Number of Forms 8283 received by the organization	-	•					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29		<u> </u>		
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of the		•					37
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.						v	
31	Does the organization have a gift acceptance p				tions?	31	X	
32a	Does the organization hire or use third parties o							v
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	r tor which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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Schedule M (Form 990) 2022 Becoming Independent	94-2641147	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a conthis part for any additional information.	3, and whether the organiza bination of both. Also com	ition plete

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ
Name of the organization	Becoming Independent	Employer identification number 94-2641147
Form 990, Par	rt VI, Section B, line 11b:	
The prepared	Form 990, including the required schedules, w	as reviewed by
the CEO and 1	Finance Manager prior to filing with the IRS.	The review
consisted of	reading and reconciling the Form 990 to the O	rganization's
audited fina	ncial statements. The final 990 report is shar	ed with the
<u>Organization</u>	's board. They approved this final document pr	ior to filing the
form.		
Form 990, Pa	rt VI, Section B, Line 12c:	
If any confl:	icts of interest occur, the conflicted board m	ember will
<u>abstain from</u>	voting on the matter. If a conflict of intere	st occurs it is
generally do	cumented in the minutes of the applicable meet	ing.
Form 990, Par	rt VI, Section B, Line 15a:	
The Board rev	views the CEO's compensation annually. Local s	alary surveys and
related data	are analyzed and discussed to determine the a	ppropriate
compensation	package.	
Form 990, Par	rt VI, Section C, Line 19:	
The Organiza	tion makes its financial statements available	to the public via
the Organiza	tion's website. The Organization's governing d	ocuments and
conflict of :	interest policy are available upon request.	
Form 990, Par	rt IX, Line 11g, Other Fees:	
Professional	fees:	
Program serv	ice expenses	108,448.
LHA For Paperwork Ro	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization Becoming Independent	Employer identification num 94-2641147
Management and general expenses	109,234
Fundraising expenses	3,392
Total expenses	221,074
Total Other Fees on Form 990, Part IX, line 11g, Col A	221,074
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