Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990

ΑI	For the	$ullet$ 2013 calendar year, or tax year beginning $ullet$ UL $oldsymbol{1}$, $oldsymbol{2}$ $oldsymbol{2}$ $oldsymbol{1}$ and en	nding J	UN 30, 201	4				
В	Check if applicable	C Name of organization		D Employer identi	fication number				
	Addre	BECOMING INDEPENDENT							
	Name chang	Doing Business As		94-	2641147				
	Initial return Termir	,	oom/suite	E Telephone number 707-524-6600					
	ated Amend	ded .		G Gross receipts \$	14,497,013.				
F		City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95407		H(a) Is this a group					
	pendir	F Name and address of principal officer:LUANA VAETOE		for subordinate					
		1425 CORPORATE CENTER PARKWAY, SANTA ROS	SA, C						
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ()	527		a list. (see instructions)				
		e: HTTP://WWW.BECOMINGINDEPENDENT.ORG/		H(c) Group exempt					
		organization: X Corporation Trust Association Other	1 Year o		M State of legal domicile: CA				
	art I	Summary	I Tour	or formation,p c c	W State of logar dofficine				
		Briefly describe the organization's mission or most significant activities: PROMOT	TING	COMMUNITY	INCLUSION				
Governance		AND PARTICIPATION FOR PEOPLE WITH DEVELOPM							
rna	1	Check this box if the organization discontinued its operations or disposed							
Ş.				з	1 4 4				
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)			10				
త		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			647				
iţie		Total number of volunteers (estimate if necessary)							
Activities		Total unrelated business revenue from Part VIII, column (C), line 12							
ď		Net unrelated business taxable income from Form 990-T, line 34							
_		Not diffolded business taxable froethe front office of 1, life of		Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		507,432					
		Program service revenue (Part VIII, line 2g)		13,083,642					
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		86,535					
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		00,333					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,677,609					
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0					
		Benefits paid to or for members (Part IX, column (A), line 4)		0					
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,413,666	•				
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0					
en	h	Total fundraising expenses (Part IX, column (D), line 25) 296,982	;;;; 		• • • •				
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,534,327	3,427,004.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,947,993					
		Revenue less expenses. Subtract line 18 from line 12	·····	-270,384	<u> </u>				
-Se	19	nevertue less experises. Subtract line 16 front line 12	Ra	ginning of Current Year	<u> </u>				
ots c	20	Total assets (Part X, line 16)		12,392,517					
Net Assets or Fund Balances	21	Total liabilities (Part X, line 16)		5,818,405					
let,	22	Net assets or fund balances. Subtract line 21 from line 20	·····	6,574,112					
	art II	Signature Block		0,311,112	1,134,2021				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules at	ınd stateme	ents, and to the hest of	my knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			iny knowicago ana bolici, it is				
liuc	, 001100	t, and complete. Declaration of preparer (other than officer) is based on an information of which	ii proparci	ilas arīy Kriowicuge.					
ei.	n	Signature of officer		Date					
Sig		LUANA VAETOE, CHIEF EXECUTIVE OFFICER							
Hei	е	Type or print name and title							
			ID	ate Check	PTIN				
Pai	d	Preparer's signature PENNY MILLAR	ا ا	if	b00140274				
	u parer	Firm's name DILLWOOD BURKEL & MILLAR, LLP		self-empl	. 68-0456752				
	only	Firm's address 175 CONCOURSE BLVD., STE. A		Firm's EIN	. 00 0430/34				
USE	Only	SANTA ROSA, CA 95403		Dhono no 7	07-577-8806				
		- · · · · · · · · · · · · · · · · · · ·		Phone no. 7					
ivia	y tne II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Par	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: PROMOTING COMMUNITY INCLUSION AND PARTICIPATION FOR PEOPLE WITH
	DEVELOPMENTAL DISABILTIES. BECOMING INDEPENDENT IS A COMMUNITY BASED
	SERVICES ORGANIZATION ESTABLISHED OVER 40 YEARS AGO TO HELP PEOPLE
	WITH DISABILITIES LIVE MEANINGFUL AND PRODUCTIVE LIVES IN SONOMA, NAPA
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$\frac{7,438,567}{AND ACTIVITIES:} including grants of \$\frac{1}{24,782}\$
	DAI TRAINING AND ACTIVITIES:
	BECOMING INDEPENDENT SERVES PEOPLE WITH VARIED INTERESTS AND LIFE
	OBJECTIVES WHO SHARE THE COMMON GOAL OF REALIZING THEIR ABILITIES. THEY
	ARE WORKERS, ARTISTS, GARDENERS, PHYSICAL FITNESS BUFFS, FAMILY MEMBERS
	AND NEIGHBORS. CLOSE TO 1,000 INDIVIDUALS SEEK EXPLORATION AND
	DEVELOPMENT THROUGH FOUR KEY OFFERINGS AT BI: COMMUNITY LIVING
	SUPPORTS, PERSONAL ENRICHMENT, EMPLOYMENT SERVICES AND TRANSPORTATION.
	THIS YEAR WE HAVE COMPLETED A SIGNIFICANT RESTRUCTURING OF OUR DAY
	SERVICES PROGRAM AT OUR SANTA ROSA CAMPUS. OUR GOAL OF ENSURING THAT
	EACH PERSON IS RECEIVING ACCESS TO THE INSTRUCTION AND OPPORTUNITIES
41:	THAT THEY DESIRE AND MERIT ON THEIR JOURNEY TO GREATER INDEPENDENCE IS (Code:)(Expenses \$ 3,554,982. including grants of \$) (Revenue \$ 4,925,968.)
4b	(Code:) (Expenses \$ 3,554,982. including grants of \$) (Revenue \$) (Revenue \$
	COMIONITI LIVING BOTTONT:
	THIS SERVICE IS A MAJOR ASSET FOR HUNDREDS OF PEOPLE AT BECOMING
	INDEPENDENT WHO CHOOSE TO LIVE A LIFE OF INDEPENDENCE AND FREEDOM WITH
	THE SUPPORT OF STAFF AND VOLUNTEERS. THE PROGRAM PROVIDES A CUSTOMIZED
	ARRAY OF COMMUNITY-BASED SERVICES TO INDIVIDUALS AND THEIR FAMILIES
	INCLUDING IN HOME SUPPORT, DAY AND OVERNIGHT TRIPS, EVENING CLASSES IN
	A VARIETY OF AREAS, AND SELF-ADVOCACY GROUPS. COMMUNITY LIVING SUPPORT
	SERVICES ARE AVAILABLE TO ANYONE WHO WISHES TO LIVE IN A HOME OF THEIR
	OWN AND CHOOSES TO COLLABORATE WITH BECOMING INDEPENDENT IN ACHIEVING
	THOSE GOALS. DESIGNED TO ENABLE PEOPLE WITH DISABILITIES TO LIVE INDEPENDENTLY AND TO SHARE THE SAME REWARDS AND RESPONSIBILITIES OF
40	(Code:) (Expenses \$ 1,080,443 • including grants of \$) (Revenue \$ 855,890 •)
70	TRANSPORTATION:
	FOR OVER 40 YEARS BECOMING INDEPENDENT (BI) HAS PROVIDED RIDES TAKING
	PEOPLE TO AND FROM THEIR HOMES AND JOBS, BI PROGRAM SITES, AND TO
	COMMUNITY EVENTS ALL OVER SONOMA AND NAPA COUNTIES. OVER 60 VEHICLES,
	MANY OF WHICH ARE EQUIPPED WITH WHEELCHAIR LIFTS, PROVIDE RIDES TO
	HUNDREDS OF INDIVIDUALS EACH DAY. AN ADDITIONAL SERVICE, THE
	BI-EXPRESS, PROVIDES A CRITICAL WEEKEND AND EVENING SERVICE FOR PEOPLE
	WITH DISABILITIES AND OTHER POPULATIONS IN NEED OF A RIDE WHO DON'T
	HAVE ACCESS TO ALTERNATIVE TRANSPORTATION DURING THOSE TIMES. THIS AFTER-HOURS SERVICE RELIES SOLELY ON DONATIONS FROM GENEROUS
	SUPPORTERS.
	Other program services (Describe in Schedule O.)
-r u	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses \(\) 12,073,992.
	Form 990 (2013
332002	SEE SCHEDULE O FOR CONTINUATION(S)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
_	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	100	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3.7
4-	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	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
46	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		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		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		Х
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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) 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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee? It is a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			~
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
	Note. All Form 990 filers are required to complete Schedule O	_ JO		

Form 990 (2013) BECOMING INDEPENDENT Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Price Seco		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W-2G included in line 1a. Enter of-lined applicable 10 0 0 0 0 0 0 0 0						Yes	No
b Enter the number of Forms W26 included in line 1a. Enter o'. If not applicable Obd the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. 64.7 2b. X 2a. 64.7 2c. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b. If at least one is reported on line 2a, did the organization fall required federal employment tax returns? 2b. X Note. If the sum of rines 1 and 2a is greater than 250, you may be required to -6the tenshructions) 3c. Did the organization have unrelated business gross sonore of \$1,000 or more during the year? 3a. X 3b. If Y'se, 1 and 1 field a Form 980.7 for this year? Y No, 1 file 93, provide an explanation is Obserble 0 3b. If Y'se, 1 and 1 file a Form 980.7 for this year? Y No, 1 file 93, provide an explanation is Obserble 0 3c. But If Y'se, 1 and 1 file a Form 980.7 for 1 file year? Y No, 1 file 93, provide an explanation is Obserble 0 3c. But If Y'se, 1 and 1 file a Form 980.7 for years and year of Foreign Bank and Financial Accounts. 5c. With 98. We the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c. Did any taxonization have an unable of the organization file Form 888.7 for years and years an	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	14			
c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gammling) withings to prize withinsers? 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If Wes, has it filed a Form 900 Tor this year? If No, 1 of ine 3b, provide an explanation in Schedule O 3b If Wes, has it filed a Form 900 Tor this year? If No, 1 of ine 3b, provide an explanation in Schedule O 3b If Wes, has it filed a Form 900 Tor this year? If No, 1 of ine 3b, provide an explanation in Schedule O 3b If Wes, has it filed a Form 900 Tor this year? If No, 1 of ine 3b, provide an explanation in Schedule O 3b If Wes, has it filed a Form 900 Tor this year? If No, 1 of ine 3b, provide an explanation in Schedule O 3b If Wes, and the filed in the second of the	b		1b	0			
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this resturn. Secondary	С		eporta	ble gaming			
2a Earth the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a		(gambling) winnings to prize winners?			1c	Х	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more dumpt the year? 3b If 1 "Yes," has it filed a Form 990 To for this year? If "No." to line 3b, provide an explanation in Schedule O 3a At any time during the calendary 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 accountly? 5b If "Yes," enter the name of the foreign country ▶ 5ce instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 6a Does the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 6b If "Yes," fold the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitations under section 170(c). 6c In the form 8282? 6c Did the organization necelve apmentil in excess of 35° made party as a contribution and party for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization receive apmentil in excess of 35° made party as a contribution of quantization receive apmentil in excess of 35° made party as a contribution of quantization receive apmentil in excess of 35° made party as a contribution of quantization receive and party of the organization received and the surface of the payor of the very surface of the payor of the payor of the payor of the payor of the	2a						
b If a least one is reported on line 2a, did the organization file all required feeral employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to ~ fell (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary 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 accountly? 4a At any time the raine and the foreign country Such as a bank account, securities account, or other financial accountly? 5b If "Yes," inter the name of the foreign country (such as a bank account, securities account, or other financial accountly? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction? 6c If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes," to line 6a organization selected eductible contributions under section 170(c). 8d If Yes, "India the foreign accounts in could be apparent in eccess of 575 made party as contribution and party		filed for the calendar year ending with or within the year covered by this return	2a	647			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b					44		Y
	D	if res, rias it filed a Form 720 to report these payments? If two, provide an explanation in Scheduli	.			gan	(2012)

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FUIIII 990 (A				4114	· ug
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b	below	and fo	or a "No"	response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ins	truction	S.		
	Check if Schedule O contains a response or note to any line in this Part VI				<u></u>
_					

sec	tion A. Governing Body and Management				1	
		Ι.	1.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	۱	12			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi					X
_	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the					Х
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S			5		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a			-		
7a				7a		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s			1 a		
D				7b		Х
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hy th	e following:	7.0		
8				20	Х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?			8a 8b	X	
	• • • • • • • • • • • • • • • • • • • •			OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Code)	<u> </u>		
000	tion B. Foncies (This Section B requests information about policies not required by the internal re	evenue	code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl			104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, DO.O	10 mmg 110 10 mm	110		
12a				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
•	in Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	Γ (Sect	ion 501(c)(3)s only)	availab	le	
	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	in Sch	nedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy, ar	nd finar	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiza	ation: 🕨		
	BECOMING INDEPENDENT - (707)524-6600					
	1425 CODDODATE CENTED DEWY CANTA DOCA CA 05407					

Form **990** (2013)

332006 10-29-13

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c , unle cer an	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAREN BLONKSI DIRECTOR	1.00	x						0.	0.	0.
(2) MICHAELA KAHN	1.00	^						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(3) SHARON MAIOLINI	1.00								0.	
DIRECTOR	1:00	x						0.	0.	0.
(4) MAIRE MURPHY	1.00									
DIRECTOR		x						0.	0.	0.
(5) COURTNEY DICKSON	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MATT WELTY	1.00									
DIRECTOR		Х						0.	0.	0.
(7) AL MILLAN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) OWEN CATE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) JOERG OLSON	2.00									•
VICE PRESIDENT	0.00			Х				0.	0.	0.
(10) BONNIE BURRELL	2.00									0
PRESIDENT	2 00			Х				0.	0.	0.
(11) JAYNE HAMEL	2.00	ł		37					0.	0
EXECUTIVE DEPUTY COMMITTEE MEMBER	2.00			Х				0.	0.	0.
(12) DONNA CATES SECRETARY	2.00	ł		х				0.	0.	0.
(13) ERIC GULLOTTA	2.00			^				0.	0.	<u> </u>
TREASURER	2.00	ł		Х				0.	0.	0.
(14) LUANA VAETOE	40.00						\vdash		0.	<u></u>
CEO	1000	ł				x		118,136.	0.	0.
										- 000

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do box offic	not c , unle	Pos heck ss pe	ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount o other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS0		fr organo	pensa om the anizati d relate anizatio	e ion ed
	,	<u>=</u>	드	0	32	王ョ	Œ						
								110 126		_			
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	II, Section A						>	118,136. 0. 118,136.		0. 0.			0.
Total number of individuals (including but n compensation from the organization							no r						1
3 Did the organization list any former officer,			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on			Yes	No
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 	ım of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	unı /					5		X
Section B. Independent Contractors 1 Complete this table for your five highest co							ors t	that received more than	\$100,000 of comp	oens		rom	
the organization. Report compensation for (A)					vith	or w	rithir	(B)			(C		
Name and business	address	NC	ONI	<u> </u>				Description of s	services		Compe	nsatioi	<u> </u>
2 Total number of independent contractors (i	ncluding but n	ot lii	mite	d to	tho	se li	ster	d above) who received m	ore than				
\$100,000 of compensation from the organi						0					Form 9	990 (2	2013)

Ра	IL VII	Check if Schedule O cont		or note to any lin	ne in this Part VIII			
		Greek ii Gorieddie G Gorie		or note to uny in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
Gra		Membership dues						
fts,		Fundraising events		141,470.				
ij gi		Related organizations		560.010				
ons, Sir		Government grants (contribut	, 	560,210.				
utic Je	f	All other contributions, gifts, gran		400 164				
ti Ot		similar amounts not included above		408,164. 76,993.				
ind Ind	_	Noncash contributions included in lines		 -	1,109,844.			
<u> </u>	n	Total. Add lines 1a-1f		Business Code				
a)	2 a	SERVICE FEES		624100	12,309,029.	12,309,029.		
ViC.	z a b	· 	E	624310	697,611.	697,611.		
Ser	C					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Program Service Revenue	d							
og. R	e							
P	f	All other program service reve	enue					
		Total. Add lines 2a-2f			13,006,640.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			48,495.			48,495.
	4	Income from investment of tax	x-exempt bond p	oroceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of	(i) Securities					
	<i>i</i> a	assets other than inventory	146,478.	(ii) Other 7,026.				
	h	Less: cost or other basis		7,020.				
		and sales expenses	93,193.	0.				
	С	Gain or (loss)						
		Net gain or (loss)			60,311.			60,311.
Ð		Gross income from fundraising						
Other Revenu		including \$141	<u>,470</u> of					
3ev		contributions reported on line	1c). See					
er		Part IV, line 18						
OĦ.		Less: direct expenses						
		Net income or (loss) from fund	-	>	139,708.			139,708.
	9 a	Gross income from gaming ac						
	h	Part IV, line 19						
		Less: direct expenses Net income or (loss) from gam						
		Gross sales of inventory, less	-					
	10 u	and allowances						
	b	Less: cost of goods sold						
		: Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d			14.00.00	12 225 515		242
33200	12	Total revenue. See instructions.			14,364,998.	13,006,640.	0.	248,514.
33200 10-29	-13							Form 990 (2013)

Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must com		ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	ise or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				·
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,564,619.	7,404,811.	982,728.	177,080
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4 04 5 4 5 5	1 100 2 2 2	100 = 1=	
9	Other employee benefits	1,315,153.	1,188,852.	103,747.	22,554
10	Payroll taxes	624,585.	539,858.	71,625.	13,102
11	Fees for services (non-employees):				
а	Management				
b	Legal				
	Accounting				
	, 0				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	277,941.	89,940.	166,271.	21,730
40	column (A) amount, list line 11g expenses on Sch 0.)	76,145.	12,059.	36,958.	27,128
12	Advertising and promotion	358,036.	304,243.	48,754.	5,039
13	Office expenses	330,030.	304,243.	±0,75±•	3,033
14	Information technology				
15	Royalties	321,713.	313,895.	7,818.	
16 17	Occupancy	165,967.	160,285.	4,870.	812
18	Travel Payments of travel or entertainment expenses	103,307.	100,203.	1,070	012
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,745.	11,750.	17,691.	304
20	Interest	157,336.	156,146.	1,190.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	122,731.	95,324.	27,407.	
24	Other expenses. Itemize expenses not covered	•			
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) VEHICLE EXPENSE	455,875.	455,862.	13.	
a b	WORKERS COMP	405,576.	382,920.	18,922.	3,734
C	DEPRECIATION & AMORTIZA	395,428.	393,879.	726.	823
d	REPAIRS AND MAINTENANCE	269,818.	261,567.	6,905.	1,346
-	All other expenses	390,693.	302,601.	64,762.	23,330
25	Total functional expenses. Add lines 1 through 24e	13,931,361.	12,073,992.	1,560,387.	296,982
<u>25</u> 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)				
00004	0 10-29-13				Form 990 (2013

Form 990 (2013)

Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
						· ·
	1	Cash - non-interest-bearing		2,703,849.	1	1,251,874.
	2	Savings and temporary cash investments		236,041.	2	1,386,870.
	3	Pledges and grants receivable, net		1 100 040	3	1 046 565
	4	Accounts receivable, net		1,107,047.	4	1,246,567.
	5	Loans and other receivables from current and form	ner officers, directors,			
		trustees, key employees, and highest compensate	ed employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified	ed persons (as defined under			
		section 4958(f)(1)), persons described in section 4	958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	n 501(c)(9) voluntary			
şts		employees' beneficiary organizations (see instr). C	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		114,000.	7	114,000.
⋖	8	Inventories for sale or use			8	
	9			31,478.	9	48,436.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 10,366,491.			
	b		10b 4,190,047.		10c	6,176,444.
	11	Investments - publicly traded securities	1,487,095.	11	1,689,489.	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	354,925.	14	332,149.	
	15	Other assets. See Part IV, line 11		610,517.	15	623,343.
	16	Total assets. Add lines 1 through 15 (must equal		12,392,517.	16	12,869,172.
	17	Accounts payable and accrued expenses		811,163.	17	1,066,434.
	18	Grants payable		18		
	19	Deferred revenue		20,463.	19	0.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Pa			21	
S	22	Loans and other payables to current and former of	fficers, directors, trustees,			
≝		key employees, highest compensated employees	, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelate		4,986,779.	23	4,668,476.
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 1	7-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		5,818,405.	26	5,734,910.
		Organizations that follow SFAS 117 (ASC 958),	check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and	34.			
anc	27	Unrestricted net assets		6,386,548.	27	6,537,688.
3alć	28	Temporarily restricted net assets		186,564.	28	595,574.
Ε	29	Permanently restricted net assets		1,000.	29	1,000.
Ξ		Organizations that do not follow SFAS 117 (AS	C 958), check here ▶└─			
ō	1	and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
\SS	31	Paid-in or capital surplus, or land, building, or equ			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco			32	
Ž	33	Total net assets or fund balances		6,574,112.	33	7,134,262.
	34	Total liabilities and net assets/fund balances		12,392,517.	34	12,869,172.
						Faura 000 (0010)

Pa	rt XI Reconciliation of Net Assets			•			
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,36				
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,93	1,3	<u>61.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3			37.		
4							
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	7,13	4,2	62.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Ш		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BECOMING INDEPENDENT

Employer identification number

			G INDEPENDEN						94	1-2641	147	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	:.) See inst	tructions.				
The organ	A church, co	nvention of churche	because it is: (For lines 1 s, or association of churc	ches desc	ribed in se	•	•).				
2 🖳	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🖳	A hospital or	a cooperative hospi	tal service organization o	described	in section	170(b)(1)	(A)(iii).					
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	's nan	ıe,
	city, and stat	:e:										
5 📖	An organizat	ion operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a govern	mental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	ate, or local governm	ent or governmental unit	t describe	d in sectio	n 170(b)(I)(A)(v).					
7 📖	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic desc	ribed	in
	section 170((b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities rela	ited to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	support	from gross	invest	tment
	income and u	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization a	ıfter June 3	30, 197	75.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizati	ion organized and or	perated exclusively to tes	st for publ	ic safety. S	See sectio	n 509(a)(4	1).				
11 📖	An organizati	ion organized and or	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of	or to carr	y out the	purposes o	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See se	ction 509(a	a)(3). Che	ck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11h.						
	a L Type	I b ∐ Ty	/pe II c L Ty	ype III - Fu	nctionally	integrated	c	і 📖 Тур	e III - Non	-functional	ly inte	grated
e 📖	By checking	this box, I certify tha	at the organization is not	controlled	d directly o	r indirectly	by one o	r more disc	qualified p	ersons oth	ner tha	ın
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or s	section 509	a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_
	supporting o	rganization, check th	nis box									. Ш
g			organization accepted ar									
	(i) A perso	n who directly or ind	irectly controls, either al-	one or tog	ether with	persons of	lescribed	in (ii) and (i	iii) below,		Yes	No
			upported organization?									<u> </u>
			n described in (i) above?									<u> </u>
	(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	e?					. 11g(iii)		<u> </u>
h	Provide the f	ollowing information	about the supported org	ganization	(s).							
		1	·									
` '	of supported anization	(ii) EIN	(described on lines 1-9	in col. (i) lis governing	organization sted in your document?	organizat (i) of you	ion in col. support?	organizatio (i) organiz U.S.	n in col. I '	(vii) Amount sup		netary
			(000	Yes	No	Yes	No	Yes	No			
Total												
LHA For F	aperwork Re	duction Act Notice	, see the Instructions for	or				Schedul	e A (Form	n 990 or 99	0-EZ	2013

332021 09-25-13

Form 990 or 990-EZ.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support					•	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
13						on 501(c)(3)	
	organization, check this box and stop	-			•		
Se	ction C. Computation of Publ						·
14	Public support percentage for 2013 (I	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2013. If the c					more, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	n			>
b	33 1/3% support test - 2012. If the c						
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			>
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	his box and stop	here. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
_	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•		• •		
18	Private foundation. If the organization						
			,	, , , ,, , ,			or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	Section A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	`,	, ,	,	` ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	485,190.	556,856.	383,487.	400,397.	1,087,772.	2,913,702.
2	Gross receipts from admissions,	•	,	•	•		<u> </u>
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	13,899,143.	13,748,513.	13,476,457.	13,190,677.	13,168,420.	67,483,210.
3	Gross receipts from activities that				_ , , _ , , , , , , , ,		
٠	are not an unrelated trade or bus-						
	iness under section 513						
4							
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	14,384,333.	14,305,369.	13,859,944.	13,591,074.	14,256,192.	70,396,912.
7a	Amounts included on lines 1, 2, and			-4 0-0			
	3 received from disqualified persons	22,463.	25,480.	71,878.	107,894.	162,309.	390,024.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
c	Add lines 7a and 7b	22,463.	25,480.	71,878.	107,894.	162,309.	390,024.
8	Public support (Subtract line 7c from line 6.)						70,006,888.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	14,384,333.	14,305,369.	13,859,944.	13,591,074.	14,256,192.	70,396,912.
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	90,174.	229,988.	30,480.	86,535.	108,806.	545,983.
b	Unrelated business taxable income		-	-	-		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	90,174.	229,988.	30,480.	86,535.	108,806.	545,983.
	Net income from unrelated business	7 7 7 2 1 2 1		,	,		
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital		38,584.	32,342.			70,926.
40	assets (Explain in Part IV.)	14,474,507.	14,573,941.	13,922,766.	13,677,609.	14,364,998.	71,013,821.
	Total support. (Add lines 9, 10c, 11, and 12.)					. ,	
14	First five years. If the Form 990 is for	•			•		ation,
<u>Sa</u>	check this box and stop hereetion C. Computation of Publi						<u></u>
	Public support percentage for 2013 (I			aluma (fl)		15	98.58 %
						16	0000
	Public support percentage from 2012 etion D. Computation of Investigation					10	98.99 <u>%</u>
	•			o 10 galana (6)		47	•77 %
	Investment income percentage for 20					17	
	Investment income percentage from 2	•				18	
19a	33 1/3% support tests - 2013. If the	-					
	more than 33 1/3%, check this box are						
b	33 1/3% support tests - 2012. If the	-					
	line 18 is not more than 33 1/3%, che			•		ŭ	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	structions	<u></u> ▶□

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2013

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2009 Amount	2010 Amount	2011 Amount	2012 Amount	2013 Amount
BOARD MEMBERS	22,463.	25,480.	71,878.	107,319.	160,579.
OFFICERS	0.	0.	0.	575.	1,730.
Total to Schedule A, Part III, Line 7a	22,463.	25,480.	71,878.	107,894.	162,309.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

94-2641147 BECOMING INDEPENDENT

Pai	organizations Maintaining Donor Adviser organization answered "Yes" to Form 990, Part IV, line		s or Accounts. Complete if the
	organization answered Tes 10 F0111 990, Falt IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
Da	conservation easements.	i Art Historical Transcurse or C	Othor Cimilar Assats
Pai	Till Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9		Julier Similar Assets.
ıa	If the organization elected, as permitted under SFAS 116 (AS	,,	·
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	**	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pt	ublic service, provide the following amounts
	relating to these items:		▶ ↑
	(i) Revenues included in Form 990, Part VIII, line 1		
•		and the state of t	
2	If the organization received or held works of art, historical treating amounts required to be reported under SEAS 1.		ai gairi, provide
_	the following amounts required to be reported under SFAS 1		. σ
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2013

	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or Oth	ner Sim	ilar Asse	e ts (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significar	nt use of its	collection	items	
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	empt pur	pose in Pai	rt XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes" t	o Form 99	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributior	ns or other assets no	ot include	d	_		
	on Form 990, Part X?					L	∠ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
	Did the organization include an amount on Fo					L	∐ Yes	H	Νo
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete it								_
		(a) Current year	(b) Prior year		 	e years back	 		
	Beginning of year balance	18,180.	30,127.	-		164,230.		331,15	4.
b	Contributions	495,082.	16,854.	23,626	·	91,199.	·		
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	13,782.	28,801.	86,198	·	162,730.		166,92	<u>4.</u>
f	Administrative expenses								
g	End of year balance	499,480.	18,180.	,	•	92,699.		164,23	<u>.0</u>
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organ	nization	г		
	by:								10
	(i) unrelated organizations						. 3a(i)		<u>X</u>
							. 3a(ii)		<u>X</u> _
b	If "Yes" to 3a(ii), are the related organizations						. 3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered								
	Description of property	(a) Cost or o	` '		Accumula		(d) Book	value	
		basis (investr	, l	,	epreciatio	DI 1	0 075	, ,,	_
	Land			7,768.	010	000	2,277		
b	Buildings				812,		3,119		
	Leasehold improvements	I		3,777.	113,			0,000	
d	Equipment			4,647.	845,			,24'	
	Other (Calmark)				417,	004.	6.176	,80	
Total	Add lines 1a through 1e (Column (d) must e	auai Form 990 Part	x column (B) line 1	U(C))			$\sigma \cdot \pm / \tau$) . 444	+ -

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.			rage (
Complete if the organization answered "Yes"	to Form 990, Part IV, lin		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-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.	1		
Complete if the organization answered "Yes"	to Form 990 Part IV li	ne 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-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"	Description	ne 11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) DOOK Value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.))	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, li		5.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	25)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	•		
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions unde	1 FIN 40 (ASC /4U). CN		nedule D (Form 990) 201
		SCI	reduie D (FUIII) 990) 20 k

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Pa	rt XI Reconciliation of Revenue per Audited Financial Stater		Revenue per R	eturi	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12				
1	Total revenue, gains, and other support per audited financial statements			1	14,414,518.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	106 513		
а	• • • • • • • • • • • • • • • • • • • •		126,513.		
b					
С	1 / 0				
d	, , , , , , , , , , , , , , , , , , , ,	2d			106 510
е	J			2e	126,513.
3	Subtract line 2e from line 1			3	14,288,005.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , ,		76 002		
b	,	·	76,993.		76 000
С				4c	76,993.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,364,998.
Ра	rt XII Reconciliation of Expenses per Audited Financial State		n Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12				12 054 260
1	Total expenses and losses per audited financial statements			1	13,854,368.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а					
b	, , , , , , , , , , , , , , , , , , ,				
С					
d	7				
е	J			2e	0.
3	Subtract line 2e from line 1			3	13,854,368.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	, , , ,				
b	Other (Describe in Part XIII.)	4b	76,993.		
С				4c	76,993.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	13,931,361.
	rt XIII Supplemental Information.				
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P			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 a	additional infor	mation.		
D 3 :					
<u>PA</u> .	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
	WIND DOWN MICHAE				
TN	-KIND DONATIONS				
	DE 1177 1 7 1 1 1 0 0 0 1 1 1 1 1 1 1 1 1				
PA.	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
	WIND DOWN MICHAE				
<u>TN</u>	-KIND DONATIONS				
	D				
<u>PA</u> .	RT V, LINE 4:				
PA.	RT V, LINE 4: THE ORGANIZATION'S INTEDED	USE OF	THE		
	1.GT TUDOUR/TURE TURES 1.22 2.22 2.22 2.22 2.22	·			63 D T T T T
QŪ.	ASI-ENDOWMENT FUNDS ARE PRIMARILY FOR CHI	LDREN'S	SERVICES	AND	CAPITAL
<u> </u>	PROVEMENTS OF ORGANIZATION OWNED BUILDING	∌ 5 •			

332054 09-25-13

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 BECOMING INDEPENDENT	94-2641147 Page 5
Schedule D (Form 990) 2013 BECOMING INDEPENDENT Part XIII Supplemental Information (continued)	
-	

Schedule D (Form 990) 2013

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

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

Name of the organization **Employer identification number** BECOMING INDEPENDENT 94-2641147 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e X Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants **g** X Special fundraising events X Phone solicitations d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity to (or retained by) have custody from activity fundraiser or entity (fundraiser) or control of contributions? organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2013

Fundraising Events. Complete if the organization answered "Yes" to 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. (a) Event #1 **(b)** Event #2 (c) Other events

			DINNER UNDER THE STARS	HUMAN RACE	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			()1 /	()1 /	,	
Revenue	1	Gross receipts	290,000.	30,000.		320,000.
	2	Less: Contributions	111,470.	30,000.		141,470.
	3	Gross income (line 1 minus line 2)	178,530.			178,530.
	4	Cash prizes				
"	5	Noncash prizes	12,266.			12,266.
Direct Expenses	6	Rent/facility costs	11,316.			11,316.
ect E	7	Food and beverages				
₫	8	Entertainment	8,930.			8,930.
	9	Other direct expenses	8,930. 6,310.			6,310.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	38,822.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			139,708.
Ра	rt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes %	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>	>	
·			, , ,		•	
		er the state(s) in which the organization operate	_			
		he organization licensed to operate gaming ac				Yes No
D	IT "	No," explain:				
		re any of the organization's gaming licenses re Yes," explain:				Yes No
	_					
	_					

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 BECOMING INDEPENDENT 9.	4-2641	L147	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
				
	An outside facility			90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	i		
	of gaming revenue retained by the third party > \$			
	If "Yes," enter name and address of the third party:			
•	The foot state and address of the time party.			
	Name ▶			
	Address •			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he		
	organization's own exempt activities during the tax year > \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	III. lines 9	. 9b. 1	0b. 15b.
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction		,, -	,,
	ros, ro, and rro, as approase. ries complete the part to provide any additional information (see inchestion	5).		
_				
_				

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a, Provide descriptions. explanations, and any additional information in Part VI.

2013 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 94-2641147 BECOMING INDEPENDENT SEE PART VI FOR COLUMNS (A) AND CONTINUATIONS Part I **Bond Issues** (a) Defeased (h) On behalf (i) Pooled (a) Issuer name (b) Issuer EIN (c) CUSIP# (d) Date issued (e) Issue price (f) Description of purpose of issuer financing Yes Yes No No Yes No CALIFORNIA HEALTH REFINANCING AN 04/30/13 4,865,000. EXISTING INSURED A FACILITIES FINANCING AUT 68-0437840 Х NONE Х Х D Part II Proceeds В С D Α 1 Amount of bonds retired 4,198,463. 2 Amount of bonds legally defeased 5,019,559. 3 Total proceeds of issue 462.375. **4** Gross proceeds in reserve funds **5** Capitalized interest from proceeds 6 Proceeds in refunding escrows 358,721. 7 Issuance costs from proceeds **8** Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds 11 Other unspent proceeds Year of substantial completion Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? X Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use В C D Α 1 Was the organization a partner in a partnership, or a member of an LLC, Yes No Yes No Yes No Yes X which owned property financed by tax-exempt bonds? 2 Are there any lease arrangements that may result in private business use of X bond-financed property?

BECOMING INDEPENDENT

Pai	t III Private Business Use (Continued)								
			A	I	3	(С	ſ	D
За	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by								
	entities other than a section 501(c)(3) organization or a state or local government		%		%	<u> </u>	%		%
5	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another					i			
	section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?		X						
Pai	t IV Arbitrage								
			A	В		С		D	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
	No rebate due?	Х							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate								
	computation was performed								
3	Is the bond issue a variable rate issue?	Х							
4a	Has the organization or the governmental issuer entered into a qualified		_						
	hedge with respect to the bond issue?		X						
b	Name of provider								
	Term of hedge								
d	Was the hedge superintegrated?								
م	Was the hedge terminated?					i		i	

A bit age (Continued)									
		A	В		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X							
b Name of provider		•							
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6 Were any gross proceeds invested beyond an available temporary period?		X							
7 Has the organization established written procedures to monitor the requirements of									
section 148?		X							
Part V Procedures To Undertake Corrective Action		•	•	•				•	
		Α		 В)	
	Yes	No	Yes	No	Yes	No	Yes	No	
Has the organization established written procedures to ensure that violations of									
federal tax requirements are timely identified and corrected through the voluntary									
closing agreement program if self-remediation is not available under applicable									
regulations?		X							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedul	1	ructions)	1	1	l			
SCHEDULE K, PART I, BOND ISSUES:	7 011 00110441	0 11 (000 11 1011	40110110).						
(F) DESCRIPTION OF PURPOSE: REFINANCING AN EXISTING INSURED LOAN.									
VI / DEDONALI I TON OI I ONE ONE MELINETINO IN DIVIDITIO INDONED DOING									

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

BECOMING INDEPENDENT

AND SANTA ROSA AND SOLANO COUNTIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

Employer identification number 94-2641147

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WE ARE ALSO PAYING PARTICULAR ATTENTION TO ENSURING BEING ACHIEVED. THAT WE ARE POSITIONED TO DO AN EXCELLENT JOB OF SUPPORTING ADULTS WITH AUTISM AS THEIR NUMBERS SWELL. THIS PROGRAM OFFERS ART AND MUSIC PROGRAMS, COMPUTER AND MEDIA LABS, GARDENING, CLASSES, PHYSICAL FITNESS, AND COMMUNITY OUTINGS ALL PROVIDE ON-GOING TRAINING, RECREATION, AND SOCIAL ENGAGEMENT. BECOMING INDEPENDENT'S PROARTS PROGRAM, IN PARTICULAR, PROVIDES OPPORTUNITIES TO EXPLORE PERSONAL CREATIVITY RESULTING IN INTUITIVE WORKS OF ART THAT RECEIVE WIDE RECOGNITION BOTH LOCALLY AND NATIONALLY. ART PRODUCED IS FEATURED AT BECOMING INDEPENDENT, GALLERIES AND BUSINESSES THROUGHOUT SONOMA IN ADDITION TO PROVIDING A SENSE OF ACCOMPLISHMENT AND COUNTY. SOMETIMES INCOME, THESE PROGRAMS HIGHLIGHT THE UNIQUE ABILITIES OF EACH INDIVIDUAL. THEY ARE ARTISTS, GARDENERS, FITNESS FANATICS, SELF-ADVOCATES, MUSICIANS, AND LIFELONG LEARNERS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

BECOMING INDEPENDENT'S PHILOSOPHY OFFERS DIGNITY OF RISK AND AFFORDS

MEN AND WOMEN THE OPPORTUNITY TO BE PRODUCTIVE, ENGAGED COMMUNITY

MEMBERS THROUGH INDIVIDUALIZED SUPPORT PLANS.

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

Schedule O (Form 990 or 990-EZ) (2013)

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OTHERS IN THE COMMUNITY.

Employer identification number 94-2641147

EMPLOYMENT SERVICES. THEY HOLD DOWN STEADY JOBS, BOTH WITHIN THE

BECOMING INDEPENDENT (BI) ORGANIZATIONAL STRUCTURE AND OUTSIDE IN THE

BUSINESS COMMUNITY. PROVIDING VALUED SERVICES FOR THREE DECADES AND

COUNTING, BI WORKERS DEVOTE THEIR DAYS TO PERFORMING ASSEMBLY LINE

TASKS AND PRODUCT CONSTRUCTION AT MOST BI SITES. OTHERS ARE EMPLOYED IN

VINEYARDS, SUPERMARKETS, RESTAURANTS, LANDSCAPING COMPANIES, AND OTHER

JOBS. EMPLOYMENT IS KEY FOR PEOPLE WITH DISABILITIES SEEKING TO BECOME

INDEPENDENT, CONTRIBUTING MEMBERS OF THE COMMUNITY. THE VALUE OF

EMPLOYMENT CANNOT BE OVERSTATED AND BI WORKERS ARE FIERCE IN THEIR

DETERMINATION TO SUCCEED. EMPLOYERS DESCRIBE BI WORKERS AS LOYAL,

COMMITTED, FOCUSED AND VALUED MEMBERS OF THE WORKFORCE.

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

THE PREPARED FORM 990 INCLUDING THE REQUIRED SCHEDULES WAS

REVIEWED BY THE CEO AND CONTROLLER PRIOR TO FILING WITH THE IRS. THE REVIEW

CONSISTED OF READING AND RECONCILING THE FORM 990 TO THE ORGANIZATION'S

AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 12C:

IF ANY CONFLICTS OF INTEREST OCCUR, THE CONFLICTED BOARD

MEMBER WILL ABSTAIN FROM VOTING ON THE MATTER. IF A CONFLICT OF INTEREST

OCCURS IT IS GENERALLY DOCUMENTED IN THE MINUTES OF THE APPLICABLE MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS THE CEO'S COMPENSATION ANNUALLY. LOCAL

SALARY SURVEYS AND RELATED DATA ARE ANALYZED AND DISCUSSED TO DETERMINE THE APPROPRIATE COMPENSATION PACKAGE.

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Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization	BECOMING	INDEPENDENT			94-2641147
FORM 990, PAR	T VI, SEC	TION C, LINE	19:		
THE ORGANIZAT	ION MAKES	ITS FINANCIA	AL STATEME	NTS AVAILABLE	TO
THE PUBLIC VI	A THE ORGA	ANIZATION'S	WEBSITE. T	HE ORGANIZATI	ON'S GOVERNING
DOCUMENTS AND	CONFLICT	OF INTEREST	POLICY AR	E AVAILABLE U	PON REQUEST.