Department of the Treasury

# 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.

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, and ending JUN 30, 2017

OMB No. 1545-0047

Open to Public Inspection

В	Check if applicable	C Name of organization	D Employer identific	cation number
Г	Addres	BECOMING INDEPENDENT		
F	Name change		94-2	641147
Ī	Initial	Ÿ	suite <b>E</b> Telephone numbe	
Ē	Final return/	1425 CORPORATE CENTER PARKWAY		524-6600
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	14,236,576.
	Ameno return	SANTA ROSA, CA 95407	H(a) Is this a group re	eturn
	Applic	F Name and address of principal officer: DOANA VALIOE	for subordinates	
	pendir	1425 CORPORATE CENTER PARKWAY, SANTA ROSA,	C H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or		list. (see instructions)
		e: HTTP://WWW.BECOMINGINDEPENDENT.ORG/	H(c) Group exemptio	
			Year of formation: 1980 N	1 State of legal domicile: CA
Р	art I	Summary	TO COMMINITARY T	NOTICTON
Se	1	Briefly describe the organization's mission or most significant activities: PROMOTINAND PARTICIPATION FOR PEOPLE WITH DEVELOPMEN	NG COMMONITY I.	MCTOPION
Activities & Governance	2	Check this box  if the organization discontinued its operations or disposed of		
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		13
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
ري م	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		630
/itie	6	Total number of volunteers (estimate if necessary)		50
ξį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
⋖	b	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)	1,052,816.	1,198,064.
'n	9	Program service revenue (Part VIII, line 2g)	12,187,310.	12,527,170.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86,776.	89,050.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	79,112.	117,535.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,406,014.	13,931,819.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,286,735.	10,309,909.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
χ̈́	b	Total fundraising expenses (Part IX, column (D), line 25)   674,967.	2 125 652	2 621 540
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,137,673.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,424,408.	13,941,451.
	19	Revenue less expenses. Subtract line 18 from line 12	-18,394.	-9,632.
ts o			Beginning of Current Year	End of Year
SSe	20	Total assets (Part X, line 16)	11,788,033.	11,628,593. 4,573,705.
Net Assets or	21	Total liabilities (Part X, line 26)	6,962,711.	7,054,888.
	≧∣ 22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	0,502,711.	7,034,000.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and si	tatements, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		,,
Sig	ın	Signature of officer	Date	
He		LUANA VAETOE, CHIEF EXECUTIVE OFFICER		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai		PENNY MILLAR PENNY MILLAR	04/23/18 if self-employe	P00140274
	parer	Firm's name DILLWOOD BURKEL & MILLAR, LLP	Firm's EIN	68-0456752
Use	Only	Firm's address 175 CONCOURSE BLVD., STE. A		
		SANTA ROSA, CA 95403	Phone no. 70	7-577-8806
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	ELEVATING HUMAN ABILITIES FOR THE MUTUAL BENEFIT OF OUR COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	٦
		J NO
2	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?  Yes X	٦٨١٥
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X If "Yes," describe these changes on Schedule O.	⊔ МО
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	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 \$	2.
	DAY TRAINING AND ACTIVITIES:	<u> </u>
	BECOMING INDEPENDENT SERVES PEOPLE WITH VARIED INTERESTS AND LIFE	
	OBJECTIVES WHO SHARE THE COMMON GOAL OF REALIZING THEIR ABILITIES. TH	EY
	ARE WORKERS, ARTISTS, GARDENERS, PHYSICAL FITNESS BUFFS, FAMILY MEMBER	RS
	AND NEIGHBORS. CLOSE TO 1,000 INDIVIDUALS SEEK EXPLORATION AND	
	DEVELOPMENT THROUGH FOUR KEY OFFERINGS AT BECOMING INDEPENDENT:	
	COMMUNITY LIVING SUPPORT, PERSONAL ENRICHMENT, EMPLOYMENT SERVICES AND	D
	TRANSPORTATION. OVER THE PAST SEVERAL YEARS WE HAVE UNDERGONE A	
	SIGNIFICANT RESTRUCTURING OF OUR DAY SERVICES PROGRAM AT OUR SANTA ROS	
	CAMPUS. OUR GOAL OF ENSURING THAT EACH PERSON IS RECEIVING ACCESS TO	
	THE INSTRUCTION AND OPPORTUNITIES THAT THEY DESIRE AND MERIT ON THEIR	
4b	(Code:) (Expenses \$ 770,962. including grants of \$) (Revenue \$ 3,825,65	<u>7.</u>
	COMMUNITY LIVING SUPPORT:	
	THIS GERMAN TO A WATER AGENT FOR MUNICIPAL OF RECOVERS	
	THIS SERVICE IS A MAJOR ASSET FOR HUNDREDS OF PEOPLE AT BECOMING	<del></del>
	INDEPENDENT WHO CHOOSE TO LIVE A LIFE OF INDEPENDENCE AND FREEDOM WITH SUPPORT OF STAFF AND VOLUNTEERS. THE PROGRAM PROVIDES A CUSTOMIZE	
	ARRAY OF COMMUNITY-BASED SERVICES TO INDIVIDUALS AND THEIR FAMILIES	
	INCLUDING IN HOME SUPPORT, DAY AND OVERNIGHT TRIPS, EVENING CLASSES IN	NT
	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	
4c	(Code: ) (Expenses \$ 3,658,060 • including grants of \$ ) (Revenue \$ 729,432	1.
	TRANSPORTATION:	
	FOR OVER 50 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 PEOPLI	E
	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.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 11,908,206.	(0010
	Form <b>99U</b> (	71176

## Form 990 (2016) BECOMING IND 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		Х
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		X
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	
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	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			v
40	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	4.		х
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		х
	complete Schedule G, Part III	19		Λ

Form **990** (2016)

## Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Х	
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		X
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		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 "Yes,"			
	complete Schedule L, Part II	26		Х
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٠,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	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			٦,
	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			, v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			, v
	Part V, line 1	34		X
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	٥-:		
00	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?			<sub>v</sub>
0-	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			x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	000	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	Δ	

Form **990** (2016)

15330423 134701 62261

# Form 990 (2016) BECOMING INDEPENDENT Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1006. Enter-0-if not applicable   1a   50   1b   0   0   0   0   0   0   0   0   0		Check if Schedule O contains a response of note to any line in this Part v					Ш
b Enter the number of Forms W.26 included in the 1a. Enter 0-if not applicable						Yes	No
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (a gambling) winnings to prize winners?  28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  29 Note. If the sum of lines 1s and 2 as is greater than 250, you may be required to e-file (see instructions)  30 If the organization have unreaded business gross income of \$1,000 or more during the year?  30 If the organization have unreaded business gross income of \$1,000 or more during the year?  30 If Yes, "has it filed a Form 990-T for this year? If "No," to fine 3b, provide an explanation in Schedule O  41 At any time during the calendar year, of the organization have an interest in, or a signature or other ancholal cocount?  42 If "Yes," and the during the calendar year, of the organization have an interest in, or a signature or other ancholal cocount?  43 If "Yes," enter the name of the foreign country, such as a bank account; exertives account, or other financial accounts (FBAR).  44 If "Yes," enter the name of the foreign country, such as a bank account; exertives account, or other financial accounts (FBAR).  55 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  56 If "Yes," in the line Sa or Sb, did the organization file Form 8888 1?  56 Did any extractions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  56 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible or the wash of the greater than \$100,000, and did the organization solicit any contributions that was or is a party to a prohibited so schedular to account the sum of the wash of the greater than \$100,000, and did the organization foreign and the ways solicitation an oxygoss statement that such con			1a				
dispatchingly winnings to prize winners?  a 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  b If at least one is reported on line 2a, did the organization file all required dedural employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-/fee (see instructions)  b If Ves, it is sum of lines 1 and 2a is greater than 250, you may be required to e-/fee (see instructions)  b If Yes, a sum of lines 1 and 2a is greater than 250, you may be required to e-/fee (see instructions)  b If Yes, a sum of lines 1 and 2a is greater than 250, you may be required to e-/fee (see instructions)  b If Yes, a sum of lines 1 and 2a is greater than 250, you may be required to e-/fee (see instructions)  b If Yes, a sum of lines 1 and 2a is greater than 250, you may be required to e-/fee (see instructions)  b If Yes, a sum of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly?  4a Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly country (see than 3a bank account, securities account, or other financial accountly?  5b If Yes, if the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5c If Yes, if the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  6c If Yes, if the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  6c If Yes, if did the organization have year of the year of year of year year year year year.  6c If Yes, if did the organization receive a payment in excess of \$75 made party as a contribution of year.  6c If Yes, if year ano				, and the second			
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendaryoar anding with or within the year acrovered by this natura.    1	С						
fleet for the calendary year ending with or within the year covered by this return					1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  30 bit the organization have unrelated business gross income of \$1,000 or more during the year?  31 bit "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  32 bit "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  33 bit at a form 900-T for this year? If "No," to line 3b, provide an explanation in Schedule O  34 bit and a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  55 bit and the organization have the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and financial Accounts (FBAR).  55 bit and the organization have regarded in that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  56 bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  56 bit in "Yes," to line 5a or 5b, did the organization file Form 8886:1?  57 bit "Yes," to line 5a or 5b, did the organization file Form 8886:1?  58 bit "Yes," to lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  58 bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  59 bit "Yes," did the organization notify the donor of the value of the goods or services provided?  50 bit the organization selected application of the payor to the life form 8282?  50 bit the organization selected application of qualified intellectual property, did the organization file form 8282?  50 bit the organization selected a contribution of qualified intellectual property, did the organization file form 8899 as required?  70 bit the organization have excess business holdin	2a			(20			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 41 As at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country (see has a bank account, securities account, or other financial accountly over, a financial account in a foreign country (see has a bank account, securities account, or other financial accountly over, a financial account in a foreign country.    51 Was the organization aparty to a prohibited tax sheter transaction at any time during the tax year? 52 Was the organization aparty to a prohibited tax sheter transaction at any time during the tax year? 53 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible form 886-77 53 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen to tax deductible? 54 Organizations that may receive deductible contributions and party for goods and services provided to the party of programization from the section \$75 made party as a contribution and party for goods and services provided to the party of \$75 Was premiums on a personal benefit contract? 55 Did the organization on first the donor of the value of the goods or services provided? 56 Did the organization on first the donor of the value of the goods or services provided? 57 Did the organization organization on first the donor of the value of the goods or services provided? 58 Did the sopanization feed as contribution of qualified intellectual property, did the organization file form 1086-7. 59 Did the sopanization feed as contribution of c						v	
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110a  b Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments f		to file Form 8282?			7c		X
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					14a		X
						$\neg \uparrow$	
		The state it med at 1 offit 120 to report those payments: If 140, provide an explanation in ochedul	J J		_	990	(2010

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Creck it Scriedule O contains a response or note to any line in this Part VI			77
Sec	tion A. Governing Body and Management			
	1 1 4 2		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
<i>1</i> a		7a		Х
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
D		76		Х
_	persons other than the governing body?	7b		22
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			77
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
h	Other officers or key employees of the organization	15b		Х
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva		160		Х
	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401-		
C	exempt status with respect to such arrangements?	16b		
	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-T (Section 501(c)(3)s only) a	vailab	ie	
	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 Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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:			
	BECOMING INDEPENDENT - (707)524-6600			
	1425 CORPORATE CENTER PKWY, SANTA ROSA, CA 95407			

## 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.

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

Check this box if neither the organization (A)	(B)	J. gc				٠٠,٢٥		(D)	(E)	(F)
Name and Title	Average	1 5						Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per			heck ss pe				compensation	compensation	amount of
	week			id a d				from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or din	es.			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	suadı		(W-2/1099-MISC)		organization and related
	organizations below	lual tr	tional		nploye	st con yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOERG OLSON	1.00	┢	_	Ť						
EXECUTIVE DEPUTY DIRECTOR		Х		Х				0.	0.	0.
(2) BONNIE BURRELL	3.00									
PRESIDENT		Х		X				0.	0.	0.
(3) ABIGAIL PICACHE	1.00				_					
DIRECTOR		Х						0.	0.	0.
(4) ANN HUDSON	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(5) DONNA CATES	2.00	l								
VICE PRESIDENT	1 20	Х	Δ	X				0.	0.	0.
(6) SHARON MAIOLINI	1.00	M							•	
DIRECTOR	1 20	X						0.	0.	0.
(7) DAVID HOUSE	1.00	١,,							_	•
DIRECTOR	2 00	Х						0.	0.	0.
(8) MATT WELTY	2.00	<b>₩</b>		x				0.	0.	^
SECRETARY/TREASURER	1.00	Х		Δ				0.	0.	0.
(9) AL MILLAN DIRECTOR	1.00	X						0.	0.	0.
(10) OWEN CATE	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(11) ILEANA ENRIQUEZ	1.00								•	•
DIRECTOR		x						0.	0.	0.
(12) ERIC GULLOTTA	3.00	<del> </del>								
PAST PRESIDENT		x						0.	0.	0.
(13) LUANA VAETOE	40.00									
CEO		1		Х				150,100.	0.	1,181.
		<u> </u>					$ldsymbol{ld}}}}}}$			
		1								
										Earm <b>990</b> (2016

Form **990** (2016)

Name and title  Average hours per week (list any hours for related   1	nated unt of ner nsation the zation elated
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related organizations   1	zation
organizations	
	elateu
	zations
organizations   below   line)   Officer   line)   line	24110110
1b Sub-total 150,100. 0. 1	181.
c Total from continuation sheets to Part VII, Section A	0.
	181.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	,
compensation from the organization	1
	es No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on	
line 1a? If "Yes," complete Schedule J for such individual	Х
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	ζ .
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	
rendered to the organization? If "Yes," complete Schedule J for such person5	X
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from	n
the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) (B) (C)	tion
Name and business address Description of services Compens	ation
NELSON STAFFING & ASSOCIATES RECRUITMENT AND  DO BOY 40105 CAN TOSE CA 05161 REMDORARY STAFFING 116	070
PO BOX 49195, SAN JOSE, CA 95161 TEMPORARY STAFFING 116	,070.

NELSON STAFFING & ASSOCIATES
PO BOX 49195, SAN JOSE, CA 95161

Temporary Staffing 116,070

Form **990** (2016)

\$100,000 of compensation from the organization

		Check if Schedule O cont	ains a resnonse	or note to any line	e in this Part VIII			
		GREEK II GOREGUE O COM	ams a response	or note to any min	(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	1 a	Federated campaigns	1a					
		Membership dues						
		Fundraising events		157,600.				
		Related organizations						
s, G		Government grants (contribut						
Sign		All other contributions, gifts, gran						
her	·	similar amounts not included abo		1,040,464.				
혈	a	Noncash contributions included in lines		58,535.				
Con	_	Total. Add lines 1a-1f			1,198,064.			
		Total Add in co 14 11		Business Code				
Ð	2 a	SERVICE FEES		624100	11,738,603.	11,738,603.	~	
, vic	2 u b		E	624310	788,567.	788,567.		
Ser	c				,	737,111.		
E S	d							
Program Service Revenue	e							
Prc		All other program service reve	2016					
		Total. Add lines 2a-2f			12,527,170.			
	3	Investment income (including						
	•	other similar amounts)			47,988.			47,988.
	4	Income from investment of ta			( )			,
	5	Royalties						
	•	rioyanioo	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Hoar	(ii) i cideriai				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	, a	assets other than inventory	162,305	<b>—</b> • • • • • • • • • • • • • • • • • • •				
	h	Less: cost or other basis	102,000					
	b	and sales expenses	121,243					
	^	Gain or (loss)						
		Net gain or (loss)			41,062.			41,062.
_		Gross income from fundraisin			11,002.			11,002.
ıπe	0 a	including \$ 157	,					
vel		contributions reported on line		r I				
æ		Part IV, line 18		301,049.				
Other Reven	h	Less: direct expenses		183,514.				
ō		Net income or (loss) from fund			117,535.			117,535.
		Gross income from gaming ac		<b>P</b>	117,000.			117,555.
	Эа	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gan						
		Gross sales of inventory, less						
	ю а	• •						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
	44 -	Miscellaneous Revenu		Business Code				
	11 a							
	b							
	C	-						
		All other revenue						
	12	Total Add lines 11a-11d			13 931 910	12 527 170.	0.	206 585.

Form **990** (2016)

## 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).										
Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	161,039.	141,679.	14,297.	5,063.					
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	8,033,712.	7,067,860.	713,256.	252,596.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	60,911.	53,588.	5,408.	1,915.					
9	Other employee benefits	974,528.	873,300.	75,024.	26,204.					
10	Payroll taxes	1,079,719.	972,876.	83,177.	23,666.					
11	Fees for services (non-employees):									
а	Management	96,333.		84,840.						
	Legal	38,177.	5,346.	27,686.	5,145.					
С	Accounting	26,315.		26,315.						
	Lobbying									
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)	107,474.	46,225.	4,223.	57,026.					
12	Advertising and promotion	258,400.		52,646.	191,632.					
13	Office expenses	370,934.	355,320.	11,219.	4,395.					
14	Information technology									
15	Royalties									
16	Occupancy	331,005.	328,674.	881.	1,450.					
17	Travel	161,081.	153,020.	7,020.	1,041.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	82,642.	53,620.	28,566.	456.					
20	Interest	134,004.	106,843.	27,161.						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	426,309.	394,221.	26,270.	5,818.					
23	Insurance	137,291.	77,691.	55,343.	4,257.					
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.)									
а	VEHICLE EXPENSES	442,970.	441,889.	1,081.						
b	SALARIES, CLIENTS	436,229.	436,229.	,						
c	REPAIRS AND MAINTENANCE	245,909.	142,358.	30,105.	73,446.					
d	TELEPHONE AND DATA	146,397.	120,539.	22,769.	3,089.					
	All other expenses	190,072.	111,313.	60,991.	17,768.					
25	Total functional expenses. Add lines 1 through 24e	13,941,451.	11,908,206.	1,358,278.	674,967.					
26	<b>Joint costs.</b> Complete this line only if the organization		-	•	<del>-</del>					
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,018,953.	1	624,674.
	2	Savings and temporary cash investments			1,397,139.	2	1,399,778.
	3	Pledges and grants receivable, net		3	37,726.		
	4	Accounts receivable, net		1,116,247.	4	1,105,382.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			86,226.	9	33,938.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,709,718.			
	b	Less: accumulated depreciation	10b	4,876,063.	5,661,667.	10c	5,833,655. 1,907,613.
	11	Investments - publicly traded securities			1,728,482.	11	1,907,613.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets	286,597.	14	0.		
	15	Other assets. See Part IV, line 11			492,722.	15	685,827.
	16	Total assets. Add lines 1 through 15 (must equal			11,788,033.	16	11,628,593.
	17	Accounts payable and accrued expenses			784,790.	17	1,003,007.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
ia G		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela		F	4,040,532.	23	3,570,698.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24	). Complete Part X of			
		Schedule D			4 00E 200	25	4 572 705
	26			- V	4,825,322.	26	4,573,705.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
ses		complete lines 27 through 29, and lines 33 an			6 172 010		6 142 545
<u>a</u>	27	Unrestricted net assets			6,173,010.	27	6,142,545.
Ba	28	Temporarily restricted net assets			788,701. 1,000.	28	912,343.
n L	29				1,000.	29	0.
ŗ		Organizations that do not follow SFAS 117 (A	SC 95	8), check here			
S		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		<b>—</b>	6 060 711	32	7 054 000
_	33	Total net assets or fund balances		ı	6,962,711.	33	7,054,888.
	34	Total liabilities and net assets/fund balances			11,788,033.	34	11,628,593.

Form **990** (2016)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
	Tabel reviews (review agreed Doub VIII and very (A). Find 10)	1 13	,93:	1 R	1 0			
1	(1)		, 94:					
2								
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 6							
5		5	ΙΟ.	1,8	<u> </u>			
6		6						
7	Investment expenses	7						
8	Prior period adjustments	3						
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,							
	<u></u> \-/-//	o 7	, 054	4,8	88.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	١a						
	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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	asis,						
	consolidated basis, or both:							
	X 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 ar	udit,						
	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 in Schedu	ıle O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	e Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

#### **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.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization BECOMING INDEPENDENT 94-2641147 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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 government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

15330423 134701 62261

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16

Total

13

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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				A			
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
	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.							
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
	Amounts from line 4		, ,		, ,	, ,	``	
	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 VI.)							
11	Total support. Add lines 7 through 10							
	Gross receipts from related activities,	etc. (see instructi	ions)		•	12	•	
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)		
	organization, check this box and stop	here						
Sec	tion C. Computation of Publi	c Support Pe	rcentage					
14	Public support percentage for 2016 (li	ne 6, column (f) d	livided by line 11,	column (f))		14	%	
15	Public support percentage from 2015	Schedule A, Part	: II, line 14			15	%	
16a	33 1/3% support test - 2016. If the o	rganization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and	
	stop here. The organization qualifies a	as a publicly supp	oorted organizatio	n			▶□	
b	33 1/3% support test - 2015. If the o	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check t	his box	
	and <b>stop here.</b> The organization quali	fies as a publicly	supported organiz	ation			▶□	
17a	10% -facts-and-circumstances test	- <b>2016.</b> If the org	ganization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the "fact	ts-and-circumstan	nces" test, check t	his box and <b>stop I</b>	<b>here.</b> Explain in Pa	rt VI how the orga	nization	
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶□	
b	10% -facts-and-circumstances test	- <b>2015.</b> If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets th	e "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explain	in Part VI how th	e	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	ns ▶	
					Sche	edule A (Form 990	or 990-EZ) 2016	

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

(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	cion, picace comp					
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	` ,	`,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	400,397.	968,374.	475,274.	1,078,087.	1,198,064.	4,120,196.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13,190,677.	13,287,818.	13,108,290.	12,187,310.	12,527,170.	64,301,265.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
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	13,591,074.	14,256,192.	13,583,564.	13,265,397.	13,725,234.	68,421,461.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	107,894.	162,309.	240,738.	149,293.	86,156.	746,390.
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 amount on line 13 for the year						0.
,	Add lines 7a and 7b	107,894.	162.309.	240,738.	149.293.	86,156.	746,390.
	Public support. (Subtract line 7c from line 6.)					307233	67,675,071.
	ction B. Total Support						, , , -
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	13,591,074.	14,256,192.	13,583,564.	13,265,397.	13,725,234.	68,421,461.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties	86 535	108,806.	100,291.	41,466.	47,988.	385,086.
ŀ	and income from similar sources Unrelated business taxable income	007555.	100,0001	100/2510	11/1000	17,75001	30370000
•	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	86,535.	108,806.	100,291.	41,466.	47,988.	385,086.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	13,677,609.	14,364,998.	13,683,855.	13,306,863.	13,773,222.	68,806,547.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						<u></u> ▶□
	ction C. Computation of Publ					<u> </u>	00 26
	Public support percentage for 2016 (I					15	98.36 % 98.36 %
	Public support percentage from 2015					16	98.36 %
	ction D. Computation of Inves		<u>-</u>	10 1 (0)		47	56 %
	7 Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))  8 Investment income percentage from <b>2015</b> Schedule A. Part III. line 17  18  56  %						
	8 Investment income percentage from 2015 Schedule A, Part III, line 17						
198							/ is not
t	more than 33 1/3%, check this box at 33 1/3% support tests - 2015. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
20	line 18 is not more than 33 1/3%, che			•		· ·	<b>&gt;</b>
20	Private foundation. If the organization	n dia not check a l	oox on line 14. 19:	a. or 190. Check th	us dox and see ins	structions	

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **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.)

		Yes	No
	1		
	2		
	3a		
	- Ou		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	5a		
	Eh		
	5b 5c		
	50		
	6		
	_		
	7		
	8		
	J		
	9a		
	9b		
	9с		
	10a		
	.54		
	10b		
_		00 E7	

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2				
	organization(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,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion 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(s).	1		
Sec	tion 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			1
	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 in (2), 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	:)	
2	Activities Test. <i>Answer</i> (a) and (b) below.	, 401,0110	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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? <i>Provide details in Part VI</i> .	3a		
b		٥.		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in F	Part VI.) <b>See instructions.</b> Al
	other Type III non-functionally integrated supporting organizations must cor	nplete :	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	<b>1</b> a		
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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see
	instructions			

Schedule A (Form 990 or 990-EZ) 2016

Par	<sup>rt V</sup> │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which to	he organization is responsiv	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
200ti	ion E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
Sec ii	ion E - Distribution Allocations (see instructions)		P16-2010	Amount for 20 to
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BECOMING INDEPENDENT

**Employer identification number** 94 - 2641147

Pa	rt I Organizations Maintaining Donor Advised		ls or Accounts.	Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		•
		(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)		A	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	ised funds	
	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
				Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important la	and area
	Protection of natural habitat	Preservation of a ce	rtified historic struct	ure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	n of a conservation e	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		2b	
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	fter 8/17/06, and not on a historic struc	ture	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization durir	ng the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	f	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation easemen	ts during the year
	·			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserv	ation easements du	ring the year
	<b>S</b>			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			└── Yes
9	In Part XIII, describe how the organization reports conservation	·		
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describe	s the organization's	accounting for
Da	conservation easements.  rt III   Organizations Maintaining Collections of	Art Historical Transuras or (	Othor Similar A	ecote
Га	Complete if the organization answered "Yes" on Form		Julei Sillilai A	55015.
10			mont and balance	hoot works of ort
Id	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibits as the context of			
	the text of the footnote to its financial statements that describ	· · · · · · · · · · · · · · · · · · ·	arice or public servic	ce, provide, in Part Alli,
b	If the organization elected, as permitted under SFAS 116 (ASC		at and balance shoe	t works of art historical
b	treasures, or other similar assets held for public exhibition, ed			
	relating to these items:	deation, or research in furtherance of p	ablic service, provid	e the following amounts
	-		• •	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>L</b> A	
2	If the organization received or held works of art, historical trea	scures or other similar assets for financ	······································	
~	the following amounts required to be reported under SFAS 11	,	iai gairi, provide	
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$	
	Assets included in Form 990, Part X			_
			🚩 Ψ	

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Schedule D (Form 990) 2016

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

Par	t III Organizations Maintaining C	collections of A	rt, Histori	cal Tr	easures, c	or Othe	er Similar <i>I</i>	<b>Assets</b> (con	tinued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check an	y of the	following tha	t are a s	ignificant use	of its collect	ion iten	ns
	(check all that apply):									
а	Public exhibition	d	I Loar	or exc	hange progra	ams				
b	Scholarly research	е	Othe	er						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they f	urther tl	he organizati	on's exe	mpt purpose i	n Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, histor	cal trea	sures, or oth	er simila	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the organiza	tion's co	ollection?			Yes		□ No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the org	anizatio	n answered '	'Yes" on	Form 990, Pa	art IV, line 9,	or	
	reported an amount on Form 990, Par	rt X, line 21.				_				
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for con	tribution	s or other as	sets not	included			_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amou	ınt	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanation h	as been	provided on	Part XIII	l		<u> </u>	
Par	t V Endowment Funds. Complete i	f the organization an	swered "Ye	s" on Fo	orm 990, Part	IV, line	10.			
		(a) Current year	(b) Prior	year	(c) Two year	s back	(d) Three years	back (e) Fo	ur years	back
1a	Beginning of year balance									
	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 curr	rent year end balanc	e (line 1g, co	olumn (a	a)) held as:	•		•		
а	Board designated or quasi-endowment		%	•						
b	Permanent endowment	%	<u> </u>							
С	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse		ation that ar	e held a	nd administe	red for t	he organizatio	n		
	by:								Yes	No
	(i) unrelated organizations							3a(i	)	
	(ii) related organizations							3a(ii	i)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Sche	dule R?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, lin	e 11a. S	See Form 990	), Part X,	line 10.			
	Description of property	(a) Cost or o	1		or other		ccumulated	(d) Bo	ok valu	ıe
		basis (investr	ment)	basis	(other)	de	preciation	` '		
	Land				7,768.			2,2	77,7	68.
	Buildings				4,252.	2,:	371,306	. 2,8	<u>62,9</u>	46.
	Leasehold improvements			-	3,777.		120,251	•		26.
	Equipment				8,066.		540,319		47,7	
	Other				5,855.		844,187		<del>41,</del> 6	
	. Add lines 1a through 1e. (Column (d) must e								33,6	

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 BECOMING IND	EPENDENT		94-2641147 <sub>Page</sub>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: (	Cost 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" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: (	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, lin	
DEDE CERTIFOE DECERTE	escription		(b) Book value
(1) DEBT SERVICE RESERVE			657,013
(2) DEPOSITS			28,814
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			605.005
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<b>►</b> 685,827
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line		t X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

1.	(a) Boson priori or hability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

	edule D (Form 990) 2016 BECOMING INDEPENDENT	147:41-			2641147 Page
Pa	<b>Reconciliation of Revenue per Audited Financial Statements</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	with	Revenue per H	eturi	n.
1	Total revenue, gains, and other support per audited financial statements			1	14,033,629
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		101 010		
	<b>5</b>	а	101,810.		
		b			
		c			
	Other (Describe in Part XIII.)	d			101 010
е	Add lines 2a through 2d			2e	101,810
3	Subtract line 2e from line 1			3	13,931,819
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	, , , , , , , , , , , , , , , , , , , ,	a			
		b			0
С	Add lines <b>4a</b> and <b>4b</b>			4c	12 021 010
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	13,931,819
Ра	Reconciliation of Expenses per Audited Financial Statements	s wit	n Expenses per	неш	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-4			13,941,451
1	Total expenses and losses per audited financial statements			1	13,941,431
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
		a .			
b		b			
С		С			
d					0
	Add lines 2a through 2d			2e	13,941,451
3	Subtract line 2e from line 1	<i>.</i>		3	13,941,431
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
	, , , , , , , , , , , , , , , , , , , ,	а			
		b		4-	n
	Add lines 4a and 4b			4c 5	13,941,451
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	13,741,431
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin	nos 1h	and the Part Vilina	1. Dart	Y line 2: Part VI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional			4, Fait	. A, III 16 2, Fait Ai,
PAI	RT X, LINE 2:				
AS	OF JUNE 30, 2017, THE ORGANIZATION HAD NO UN	IREC	COGNIZED TA	ХР	OSITIONS OR
UN	CERTAIN TAX POSITIONS REQUIRING ACCRUAL. THEF	REFC	RE, NO PRO	VIS	ION FOR
IN	COME TAXES HAS BEEN PROVIDED IN THE FINANCIAL	SI	ATEMENTS.		
					,

Schedule D (Form 990) 2016

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

BECOMIN	G INDEPENDENT				94-2641	147
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "\	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply		
a Mail solicitations				overnment grants		
<b>b</b> Internet and email solicitations				nment grants		
c Phone solicitations	g Special		-	-		
d In-person solicitations	<b>9</b> Openia	idilait	alon ig	CVCITES		
2 a Did the organization have a written of	or oral agreement with any individua	l (inclu	dina o	officers directors true	etoes or	
key employees listed in Form 990, P		•	-			□ No
				7		
<b>b</b> If "Yes," list the 10 highest paid indiv		Jant to	agree	ements under which	the fundraiser is to t	е
compensated at least \$5,000 by the	organization.					
		/iii	Did		(v) Amount paid	
(i) Name and address of individual	(ii) Activity	fund	Did raiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) / totavity	or con	ustody itrol of utions?	from activity	fundraiser listed in col. (i)	organization
		0011416	dilono.		listed in coi. (i)	_
		Yes	No			
						_
						_
Total			<u> </u>			
3 List all states in which the organization	on is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is exempt from re	egistration
or licensing.						
	<u> </u>					
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 oı	990-	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2016

15330423 134701 62261

Schedule G (Form 990 or 990-EZ) 2016 BECOMING INDEPENDENT 94-2641147 Page 2 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events FLAT TIRE (add col. (a) through ANNUAL GALA CLUB CRAB FE 1 col. (c)) (event type) (event type) (total number) 405,393 33,620. 19,636. 458,649. 1 Gross receipts 157,600 157,600. 2 Less: Contributions 247,793 33,620. 19,636 301,049. Gross income (line 1 minus line 2) 4 Cash prizes 121. 35 26,243. 26,087 5 Noncash prizes Direct Expenses 1,200. 59,500. 60,700. 6 Rent/facility costs 45,097. 35,415 4,635 5,047. **7** Food and beverages 2,000 3,841. 5,841. 8 Entertainment 43,329. 45,633. 9 Other direct expenses ..... 539. 183,514.10 Direct expense summary. Add lines 4 through 9 in column (d) 117,535. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor 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	Enter the state(s) in which the organization conducts gaming activities:		
	Is the organization licensed to conduct gaming activities in each of these states?	Yes	□ No
	lf "No," explain:		
10a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	No
	olf "Yes," explain:		

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016 BECOMING INDEPENDENT	94-2041147 Page 3
11 Does the organization conduct 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 conducted in:	
	13a   %
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	oras:
Name	
Address	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
Does the organization have a contract with a tillid party from whom the organization receives gaming revenue:	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the am	tount
	ount
of gaming revenue retained by the third party > \$	
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	
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
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	it in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III lines 0 0h 10h 15h
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	Fait III, IIIIes 9, 90, 100, 130,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	

Schedule G (Form 990 or 990-EZ) BECOMING INDEPENDENT  Part IV Supplemental Information (continued)	94-2641147 Page 4
Part IV   Supplemental Information (continued)	
	<u> </u>

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

BECOMING INDEPENDENT

Employer identification number 94-2641147

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate 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 charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
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 related organization:			Х
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 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	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base (ii) Bonus & (iii) Other reportable compensation compensation		reportable	compensation	Deficility		reported as deferred on prior Form 990
(1) LUANA VAETOE (i)	150,100.	0.	0.		1,181.	151,281.	0.
CEO (iii		0.	0.	0.	0.	0.	0.
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
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(i)							
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(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii	) [						

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 K (Form 990)

Department of the Treasury Internal Revenue Service

### **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.

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

2016
Open to Public Inspection

Name of the organization

#### BECOMING INDEPENDENT

Employer identification number 94-2641147

BECOMING INDEPENDENT						9	4-4	041	<u>14/</u>		
Part I Bond Issues SEE PART VI FOR COLUMNS	(A) AN	D (F) (	CONTI	NUATIONS							
(a) Issuer name (b) Issuer EIN (c) CUSIP # (c)	d) Date issued	(e) Issue	e price	(f) Description	on of purpose	( <b>g</b> ) De	efeased	<b>(h)</b> On	behalf	(i) Po	ole
								of is:	suer	finan	ıcin
						Yes	No	Yes	No	Yes	N
CALIFORNIA HEALTH				REFINANC							
A FACILITIES FINANCING AUT 68-0437840 NONE 0	4/30/13	4,865	,000.	EXISTING	INSURED		Х		Х		2
В											
С											L
D											
Part II Proceeds											_
	A			В	С				D		
1 Amount of bonds retired											
2 Amount of bonds legally defeased		8,463.									
3 Total proceeds of issue		9,559.									
4 Gross proceeds in reserve funds	46	2,375.									
5 Capitalized interest from proceeds											
6 Proceeds in refunding escrows		0 504									
7 Issuance costs from proceeds	35	8,721.									
8 Credit enhancement from proceeds	<u> </u>										
9 Working capital expenditures from proceeds	<u> </u>										
10 Capital expenditures from proceeds											
11 Other spent proceeds											
12 Other unspent proceeds											
13 Year of substantial completion	<del></del>										
	Yes	No	Yes	No	Yes	No		Yes		No	
Were the bonds issued as part of a current refunding issue?	X	77									
Were the bonds issued as part of an advance refunding issue?	77	Х									
16 Has the final allocation of proceeds been made?	X										
Does the organization maintain adequate books and records to support the final allocation of proceeds?	X										
Part III Private Business Use					_		_				
	A			В	C C				D		
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No X	Yes	No	Yes	No	-	Yes	+	No	
which owned property financed by tax-exempt bonds?	<del>                                     </del>	^							+		
2 Are there any lease arrangements that may result in private business use of		x									
bond-financed property?  632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 9		Λ						dule K			

Par	rt III Private Business Use (Continued)								
		Α		l	В	(	Ç	ļ ļ	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?								
c	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		%		%		%		%
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								
	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						
Par	rt IV Arbitrage					1			
			Ą	l	В	(	Ç	<u> </u>	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						
	If "No" to line 1, did the following apply?								1
	Rebate not due yet?		X						
	Exception to rebate?		X						
	No rebate due?	Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								1
	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					<u> </u>	
	Name of provider								
	Term of hedge								1
	Was the hedge superintegrated?								
e	Was the hedge terminated?							<u> </u>	

Part IV Arbitrage (Continued)								
		A	E	3		2	[	)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?					1			
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		21					<u> </u>	<u> </u>
Fait V Procedures to office take corrective Action	,	<u> </u>	E					
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of	162	NO	163	NO	165	NO	165	NO
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable		X						
regulations?	0 1 1 1	1				l	<u> </u>	
Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K, PART I, BOND ISSUES:	on Scheau	e K. See Instr	uctions					
(A) ISSUER NAME: CALIFORNIA HEALTH FACILITIES FI	NIA NICETNIC	NITHIO	DTMV					
(F) DESCRIPTION OF PURPOSE: REFINANCING AN EXIST								
(F) DESCRIPTION OF PURPOSE: REFINANCING AN EXIST	TING TIN	ם משאטפ	OAN.					
								,

### **SCHEDULE M** (Form 990)

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

BECOMING INDEPENDENT

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

Name of the organization

Employer identification number 94-2641147

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	•
		арріюавіс		Form 990, Part VIII, line 1g	Tiorioadir dominid	1011 4	mount	
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	Boats and planes							
8	Intellectual property							
9	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	Х	7	47,535.	ACTUAL COST	' TO	PU	RCH
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (EVENT SUPPLIE)	X	2	11,000.	FAIR MARKET	' VA	LUE	
26	Other ()							
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be ι	used for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	utions?	31	Х	
32a	Does the organization hire or use third parties of							
	contributions?		-			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.			· · · · · · · · · · · · · · · · · · ·	· 			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	00.	Schedule M	(Form	990) (	2016)

Schedule M (Form 990) (2016)

Schedule M (Form 990) (2016)

632142 08-23-16

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

specific questions on nal information.

Z. Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 94-2641147

OMB No. 1545-0047

Inspection

BECOMING INDEPENDENT

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

BECOMING INDEPENDENT IS A COMMUNITY BASED SERVICES ORGANIZATION

ESTABLISHED OVER 50 YEARS AGO TO HELP PEOPLE WITH DISABILITIES LIVE

MEANINGFUL AND PRODUCTIVE LIVES IN SONOMA, NAPA AND SOLANO COUNTIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: JOURNEY TO GREATER INDEPENDENCE IS BEING ACHIEVED. WE ARE ALSO PAYING PARTICULAR ATTENTION TO ENSURING 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 COUNTY. IN ADDITION TO PROVIDING A SENSE OF ACCOMPLISHMENT AND 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:
OTHERS IN THE COMMUNITY.

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

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization BECOMING INDEPENDENT

Employer identification number 94-2641147

MEN AND WOMEN THE OPPORTUNITY TO BE PRODUCTIVE, ENGAGED COMMUNITY

MEMBERS THROUGH INDIVIDUALIZED SUPPORT PLANS.

HUNDREDS OF MEN AND WOMEN ARE ENROLLED IN BECOMING INDEPENDENT'S

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 11B:

THE PREPARED FORM 990 INCLUDING THE REQUIRED SCHEDULES WAS REVIEWED BY THE CEO AND DIRECTOR OF FINANCE PRIOR TO FILING WITH THE IRS. THE REVIEW CONSISTED OF READING AND RECONCILING THE FORM 990 TO THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS. THE FINAL 990 REPORT IS SHARED WITH THE ORGANIZATION'S BOARD. THEY APPROVE THIS FINAL DOCUMENT PRIOR TO FILING THE FORM.

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

Name of the organization BECOMING INDEPENDENT	Employer identification number 94-2641147
GENERALLY DOCUMENTED IN THE MINUTES OF THE APPLICABLE MEE	TING.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD REVIEWS THE CEO'S COMPENSATION ANNUALLY. LOCAL	SALARY SURVEYS AND
RELATED DATA ARE ANALYZED AND DISCUSSED TO DETERMINE THE	APPROPRIATE
COMPENSATION PACKAGE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE	TO THE PUBLIC VIA
THE ORGANIZATION'S WEBSITE. THE ORGANIZATION'S GOVERNING	DOCUMENTS AND
CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.	