Form **991**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, and ending JUN 30, 2021 Open to Public

B c	heck if	C Name of organization	D Employer identification number				
	Addres						
	∃Name	5 - 1		94-26411	Δ7		
	Jchange]Initial return	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite				
	Final	1455 Corporate Center Parkway	707-524-				
	Ireturn/ terminated		G Gross receipts \$	20,267,876.			
	Amend		J				
	Jreturn]Applic			H(a) Is this a group refer subordinates			
	pendir	same as C above		H(b) Are all subordinates in			
T T	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. See instructions		
		e: ► https://becomingindependent.org/	<u> </u>	H(c) Group exemption			
		organization: X Corporation Trust Association Other ►	L Year		1 State of legal domicile: CA		
Pa	rt I	Summary			<u> </u>		
		Briefly describe the organization's mission or most significant activities: Prom	oting	community i	nclusion		
Governance		and participation for people with develo	pmenta	ıl disabilit	ies.		
ra a	2	Check this box if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	ssets.		
§	3	Number of voting members of the governing body (Part VI, line 1a)		3	9		
<u>ن</u> «	4	Number of independent voting members of the governing body (Part VI, line 1b)			9		
es 8		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			378		
¥		Total number of volunteers (estimate if necessary)			11		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
<u>e</u>		Contributions and grants (Part VIII, line 1h)		575,761.	3,137,364.		
eu		Program service revenue (Part VIII, line 2g)		13,649,609.	13,490,148.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,644.	1,786,401.		
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,420.	57,118.		
\rightarrow		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,265,434.	18,471,031.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.050.001		
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		10,879,719.	8,859,991.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
꼾	b	Total fundraising expenses (Part IX, column (D), line 25)	94.	2 006 652	1 052 005		
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,006,652. 13,886,371.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		379,063.	7,757,155.		
_ S	19	Revenue less expenses. Subtract line 18 from line 12		-			
Net Assets or Fund Balances	00	Total aggets (Dart V. line 16)	B	eginning of Current Year 14,120,837.	End of Year 17,447,433.		
Asse Bala		Total assets (Part X, line 16) Total liabilities (Part X, line 26)		6,091,118.	1,412,739.		
und/		Net assets or fund balances. Subtract line 21 from line 20		8,029,719.	16,034,694.		
Pa	rt II	Signature Block		0,025,715	10,031,031.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	nents, and to the best of my	v knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			, momouge and soner, it is		
		•					
Sign	1	Signature of officer		Date			
Here		Luana Vaetoe, Chief Executive Officer					
		Type or print name and title					
Print/Type preparer's name Preparer's signature Date Check							
Paid		Christina Hollingsworth Christina Holli	ngswo]	11/05/21 if self-employed	P02090706		
Prep	arer	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		
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No		

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,600,262. including grants of \$) (Revenue \$8,667,394.)
	Day Services:
	Becoming Independent (BI) serves people who share a common goal of
	living both meaningful and fulfilling lives. Individuals with
	intellectual or developmental disabilities (IDD) seek opportunities for
	exploration and development through these key areas: Education and
	Enrichment, Professional Art, and Employment Services. One of our goals
	is to ensure that each person is receiving access to the opportunities
	that they desire on their journey to greater independence. In July of
	2020, we continued to offer our virtual program services, which began
	in March of 2020 due to the pandemic. In October, we re-instituted
	in-person services, creating a hybrid experience and began focusing on
	how to return to on-site services while ensuring the health and safety
4b	
	Community Support Services:
	Our Community Support Services are designed to enable individuals with
	IDD to live and work independently and to share the same rewards and
	responsibilities of others in the community. Supported and Independent
	Living Services are a major asset for individuals who choose to live
	independently in a home of their own choosing while receiving
	assistance from BI. Employment Services offers job exploration -
	seeking, obtaining, and retaining employment for individuals interested
	in joining the workforce. The Covid-19 pandemic, while requiring some
	changes to ensure prevention of disease transmission and proper health
	protocols, did not disrupt the provision of these services.
_	(Code:) (Expenses \$ 425,031 • including grants of \$) (Revenue \$ 781,420 •)
4C	(Code:) (Expenses \$ 425,031. including grants of \$) (Revenue \$) (Revenue \$)
	Over 60 vehicles, many of which are equipped with wheelchair lifts,
	provide rides to individuals to and from their homes, jobs, BI program
	sites, volunteer sites, and to community events all over Sonoma and
	surrounding counties. In March of 2020 we established a Covid
	Protection and Prevention plan for our vehicles to ensure the safety of
	our clients and staff during the pandemic. Beginning in October of 2020
	we were able to offer transportation services, mostly 1:1 for clients
	seeking employment opportunities as well as deliveries of PPE to all
	our clients. Transportation services continued to evolve throughout
	the year as we were able to increase the number of clients we could
	safely transport.
44	Other program services (Describe on Schedule O.)
₩	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 9,441,868.
	Form 990 (2020)

Form 990 (2020) Becoming Independent Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			١
	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			١
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,7
_	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			- v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,		X	
	Part VI	11a	Λ	-
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		22
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		+
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		,.	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19	<u> </u>	X
20a	7 1	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			177
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) Becoming Independent Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If	28b		- 22
C	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	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			٠,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pal				
	Check if Schedule O contains a response or note to any line in this Part V			N _C
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 32		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 52 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
	19		aan	(0000)

032004 12-23-20

Form **990** (2020)

Form 990 (2020) Becoming Independent Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 378 The complete of the properties reported on Form WS, Transmittal of Wage and Tax Statements, 166 of the tocational year endough with or within they ware covered by this return 2.				Yes	No
b If all least one is reported on line 2a, did the organization file all required teeffed employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 A tax yrithe during the calendary year, of the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other innancial account)? 5 Did If "Yes," in the the name of the foreign country. 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the stream of the file of the stream of the organization nection at payment in excess of 575 made party as a contribution and party for goods and services provided to the payor? 5 Did the organization stream a payment in excess of 575 made party as a contribution of any payor promoters. 6 Did the organization receiver a payment in excess of 575 made party as a contribution of any payor promoters. 7 Did the organization stream of t	2a				
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a I "I"ves," has it filed a Form 990-T for this year? If "No" to fine 8b, provide an explanation on Schedule 0 3b I "I"ves," has it filed a Form 990-T for this year? If "No" to fine 8b, provide an explanation or Schedule 0 3b I "I"ves," or the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? I was a beat account. Securities account, or other financial accounts (FBAR). 5a Was the organization aparty to a prohibitod tax shelter transaction at any time during the tax year? 5a Was the organization the organization file Form 8888-17. 5b ID did any taxable party nority the organization file Form 8888-17. 5c I "Yes" to line 5a or 5b, did the organization file Form 8888-17. 5c I "Yes", did the organization include with every solicitation an express statement that such orangination or grifts were not tax deductible as charitable contributions? 5c I "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5c I "Yes," did the organization include with every solicitation and express statement that such contributions or grifts were not tax deductible? 5c I "Yes," did the organization notity the donor of the value of the goods or services provided? 5c I bid the organization selected applied in access of 3fs made party sa a confliction and party for goods and services provided to the payor? 7a X "The Coll the organization selected applied or forms 8282 filed during the year 6 bid the sorganization selected and payor and payor and payor and payor for you with a twas required to the Form 8282? 7b I "Yes," did the organization neceive any funds, directly or indirectly, to payor premiums on a personal benefit contract? 7c X grift the organization receive		filed for the calendar year ending with or within the year covered by this return 2a 378			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1'Yes, 'indicate the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (auch as a bank account, so rother financial account) a foreign country (auch as a bank account, so other financial account) a foreign country (auch as a bank account, so other financial account). 5a Was the organization a foreign country (auch as a bank account, so other financial account). 5a Was the organization in foreign country (auch as a bank account, so other financial account). 5a Was the organization in foreign country (auch as a bank account, so other financial account). 5a Was the organization for foreign country (auch as a bank account, or other financial account). 5a Was the organization for foreign country (auch as a bank account, so other financial account). 5a Was the organization the foreign country (auch as a bank account, so other financial account). 5a Was the organization have foreign country (auch as a bank account, so other financial Accounts (FBAR). 5b Uf any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Uffers, and the organization have annual gross receipts that are formally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Uffers, and the organization have annual gross centrales contributions? 6c Uffers, and the organization shall were deductible contributions under section 170(c). 6c Uffers, and the organization shall were deductible contributions under section 170(c). 6c Uffers, and the organization shall were section shall be a contribution of account of the during the year. 6c Uffers, and the organization shall party the shall be accounted and the party to goods and services provided? 7b Uffers, and the organization received a contribution of care organization and the party of the organizati	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account? a foreign country (such as a bank account, securities account, or other financial account? As a Schedule of the Company of the Country of th		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A lary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization aparty to a prohibite dat was or is a party to a prohibite dat was or is a party to a prohibite dat was or is a party to a prohibite dat was or is a party to a prohibite dat was or is a party to a prohibite dat was or is a party to a prohibite dat was or is a party to a prohibite dat was or is a party to a prohibite dat was or is a party to a prohibite dat was or is a party to a prohibite dat was or is a party to a prohibite dat was or in the organization that the was or is a party to a prohibite dat was obtained to the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or tax deductible as charitable contributions? 6b Views, "Indicate the number of the wase of the goods or services provided? 7b Views," indicate the number of Forms 8822 filed during the year 6b Uit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8889 as required? 7c X 7d Uit the organization netwed a contribution of qualified intellectual property, did the organization file a form young the departs of underly, to pay premiums on a personal benefit contract? 7e X 7f Uit the organization received a contribution of qualified intellectual property, did the organization file a Form 1989 C? 8 Sponsoring organizations make any tax-benefit organization under security of the organization file Form 1989 C? 8 Did the sponsoring organizations make any tax-	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, "reter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If Yes, "to line Sa or 5b, did the organization file Form 8986-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization start many receive deductible contributions under section 170(c). 8 Obtained the organization receive a apment in excess of \$75 made party as a contribution of an party for goods and services provided to the payor? 7 Tes," did the organization notify the donor of the value of the goods or services provided? 7 Tes," indicate the number of Forms 8282 filed during the year 9 Did the organization neceived a payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 7 Test of If Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8998 as required? 10 If the organization received a contribution of qualified intellectual property, did the organization file Form 8998 as required? 11 The organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a Form 1098-C7 12 Section 501(c)(12) organizations Enter: 13 Intelegent of the property of the organization file organization make	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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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 110b 11 Section 501(c)(12) organizations. Enter: a 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? b If "Yes," enter the amount of tax exempt interest received or accrued during the year 12b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," as it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization excess parachule Form 4720, Schedule O.			0.0		
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11 Section 501(c)(12) organizations. Enter: a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
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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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 "Yes," complete Form 4720, Schedule O.					
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			14a		X
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b		14b		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	15				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					77
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	Г.	000	(0000

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

_	Check if Schedule O contains a response or note to any line in this Part VI				Δ
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the		·		
3	of officers, directors, trustees, or key employees to a management company or other person?		3		х
4				+	X
4	Did the organization make any significant changes to its governing documents since the prior Form		. —	+	X
5	Did the organization become aware during the year of a significant diversion of the organization's as			+	X
6	Did the organization have members or stockholders?		. 6	+	Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				37
	more members of the governing body?		. <u>7a</u>	+	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				٠,,
	persons other than the governing body?		. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	•			
а	The governing body?		. 8a	X	
b	Each committee with authority to act on behalf of the governing body?		. 8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	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 boo		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.,			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")		·	+	
·	in Schedule O how this was done		120	X	
13				X	
			· -	X	
14 45	Did the organization have a written document retention and destruction policy?		· 14	- 25	
15	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		۵-	x	
	The organization's CEO, Executive Director, or top management official		15a	+	Х
a	Other officers or key employees of the organization		. 15b		A
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				v
_	taxable entity during the year?		. 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	nızation's			
n -	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 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501(c)	(3)s on	ly) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.				
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy,	and fina	ancial	
	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 bo	ooks and records 🕨			
	Christina Haas - (707)524-6600				
	1455 Corporate Center Parkway, Santa Rosa, CA 954	107			

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.

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

Check this box if neither the organizatio (A)	(B)							(D)	(E)	(F)		
Name and title	Average	Position				1		Reportable	(L) Reportable	Estimated		
rame and the	hours per		(do not check more than one box, unless person is both an			than		compensation	compensation	amount of		
	week	officer and a director					from	from related	other			
	(list any	ector						the	organizations	compensation		
	hours for	or dir	æ			ated		organization	(W-2/1099-MISC)	from the		
	related organizations	Individual trustee or director	Institutional trustee		ee	npens		(W-2/1099-MISC)		organization and related		
	below	Jual tr	tional	١	nploy	st con				organizations		
	line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Former					
(1) Luana Vaetoe	40.00											
Chief Executive Officer				Х				196,936.	0.	14,925.		
(2) Paula Kraus Finley	40.00											
Chief of Services					Ľ.	Х		144,941.	0.	12,116.		
(3) Renee Norris	40.00								_			
Chief Financial Officer						Х		138,717.	0.	4,889.		
(4) James Cox	40.00							405.454	•			
Director of Community Services	2 00					Х		107,154.	0.	6,350.		
(5) David House	3.00	۱.,		77					0	0		
President	1 00	Х		Х				0.	0.	0.		
(6) Joerg Olson	1.00	X		x				0.	0.	0		
Vice President (7) Nicholas Dieter	2.00	Α	1	^				0.	0.	0.		
	2.00	х		x				0.	0.	0.		
Secretary (8) Bonnie Burrell	2.00	^		^				0.	0.	0.		
Treasurer	2.00	x		x				0.	0.	0.		
(9) Donna Cates	1.00									<u> </u>		
Past President		X						0.	0.	0.		
(10) Owen Cate	1.00	 										
Member		x						0.	0.	0.		
(11) Sharon Maiolini	1.00											
Member		Х						0.	0.	0.		
(12) Carrie Mauritson	1.00											
Member		Х						0.	0.	0.		
(13) Bryan Wright	1.00											
Member		Х						0.	0.	0.		
]										
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		-										
										OOO (0000)		

Form **990** (2020)

	(A)	stees, Key Employees, and Highest ((D)	(E)		(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Estimat	ed
		hours per	box	, unles	ss per d a di	son i	is bot	h an	compensation	compensation	6	amount	
		week (list any	_	Jei ali	u a ui	i ecto	ii/ ii us	100)	from	from related		other	
		hours for	director				ъ		the organization	organizations (W-2/1099-MISC		mpensa from th	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2/ 1000 111100	′ I	rganiza	
		organizations	l trust	nal tru		oyee	ompe				a	nd rela	ted
		below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			or	ganizat	ions
			_			<u>x</u>	ΞΨ.						
_													
													
41.	Outstand								587,748.).	38,2	80
מר	Subtotal Total from continuation sheets to Part V	II Section A							0.).	J O , Z	0.
	Total (add lines 1b and 1c)								587,748.			38,2	
2	Total number of individuals (including but r							no re		0,000 of reportable	<u> </u>		
	compensation from the organization											1.7	4
3	Did the organization list any former officer	director truet	00.4	cov. c	mnl	01/0	0 0	hia	short componented omr	olovoo on		Yes	No
•	line 1a? If "Yes," complete Schedule J for s			-		•	•	·		•	3		х
1	For any individual listed on line 1a, is the s								ner compensation from				
	and related organizations greater than \$15										. 4	Х	
5	Did any person listed on line 1a receive or												
	rendered to the organization? If "Yes," constion B. Independent Contractors	nplete Schedul	e J f	or su	ıch p	oers	on .				5		X
1	Complete this table for your five highest co	omnensated inc	dene	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of comp	ensation	from	
			-							· · · · · · · · · · · · · · · · · · ·	Siloution	1110111	
	the organization. Report compensation for	ti io odioridai y							(B)			(C)	
	(A)		NC	ONE	2				Description of s	ervices		ensatio	n
_			NC	ONE	3					ervices			on
_	(A)		NO	ONE	<u> </u>					ervices			on
	(A)		NO	ONE	<u> </u>					services			on
	(A)		NO	ONE	<u> </u>					services			on
	(A)		NO	ONE	<u> </u>					services			on
	(A) Name and business	s address				thos	se lis	sted	Description of s				on
2	(A)	s address					se lis	sted	Description of s				on

032008 12-23-20

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 104,328. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 2,423,854. f All other contributions, gifts, grants, and similar amounts not included above 609,182 1f 12,911. g Noncash contributions included in lines 1a-1f 1g |\$ 3,137,364 h Total. Add lines 1a-1f **Business Code** 2 a Service fees 12,518,981 Program Service Revenue 624100 12,518,981 624310 527,948 527,948 **b** Santa Rosa Junior College Work activities revenue 624310 443,219 443,219 All other program service revenue 13,490,148. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 48,234 48,234 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 964,365 2,561,899. assets other than inventory 7a **b** Less: cost or other basis Other Revenue 830,546 957,551 7b and sales expenses 133,819. 1,604,348 c Gain or (loss) 1,738,167. 1,738,167. d Net gain or (loss) 8 a Gross income from fundraising events (not 104,328. of including \$ contributions reported on line 1c). See Part IV, line 18 58,089 **b** Less: direct expenses 8,748 c Net income or (loss) from fundraising events 49,341 49,341 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a Miscellaneous 812900 4.811 4.811 812900 2,966. Insurance proceeds 2,966 С d All other revenue 7.777 e Total. Add lines 11a-11d 18,471,031. 1,838,708. 13,494,959 Total revenue. See instructions 12

032009 12-23-20

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).

	ot include amounts reported on lines 6b,	(A)	(B)	(C)	
70,	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	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,				
5	trustees, and key employees	251,753.	125,877.	125,876.	
6	Compensation not included above to disqualified	23277331	123/0777	12370701	
U	persons (as defined under section 4958(f)(1)) and				
	narranna dagarihad in agatian 40E0(a)(2)(D)				
7	``````	7,111,601.	6,391,119.	516,205.	204,277
7	Other salaries and wages	,, , , , , , , , , , , , , , , , , , , ,	0,351,115.	310,203.	204,211
8	Pension plan accruals and contributions (include section 401/k) and 403/h) amployer contributions)				
0	section 401(k) and 403(b) employer contributions)	807,433.	745,715.	41,668.	20,050
9	Other employee benefits	689,204.	619,855.	51,450.	17,899
10	Payroll taxes	009,404.	019,000.	JI, 4JU•	11,093
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	17 116		17 116	
	Investment management fees	17,116.		17,116.	
g	Other. (If line 11g amount exceeds 10% of line 25,	000 070	145 055	06 531	25 200
	column (A) amount, list line 11g expenses on Sch O.)	208,078.	145,957.	26,731.	35,390
12	Advertising and promotion	65,931.	28,576.	9,314.	28,041
13	Office expenses				
14	Information technology				
15	Royalties	164 505	4.44 0.40	45.005	
16	Occupancy	161,525.	141,848.	15,807.	3,870
17	Travel	99,001.	98,919.	41.	41
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	*			
19	Conferences, conventions, and meetings	38,792.	22,598.	15,390.	804
20	Interest	56,061.	52,385.	2,573.	1,103
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	384,580.	368,146.	11,504.	4,930
23	Insurance	108,933.	101,272.	5,363.	2,298
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Supplies	269,593.	212,534.	37,804.	19,255
b	Telephone & data	148,118.	137,085.	7,797.	3,236
c	Vehicle expenses	133,362.	133,362.		
d	Repairs & maintenance	103,463.	93,493.	7,936.	2,034
	All other expenses	59,332.	23,127.	11,041.	25,164
25	Total functional expenses. Add lines 1 through 24e	10,713,876.	9,441,868.	903,616.	368,392
<u>25</u> 26	Joint costs. Complete this line only if the organization	-,,	-, , 0 0 0 0	,020	200,002
	renorted in column (R) joint coete from a combined. I				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form **990** (2020)

Form 990 (2020) Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,584,702.	1	4,009,946
	2	Savings and temporary cash investments			2,256,385.	2	5,462,898
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			1,107,704.	4	1,160,415
	5	Loans and other receivables from any current o	r forme	r officer, director,			
		trustee, key employee, creator or founder, subs	tantial (contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons	A	5	
	6	Loans and other receivables from other disqual	rsons (as defined				
		under section 4958(f)(1)), and persons describe				6	
ets	7	Notes and loans receivable, net			0.050	7	
Assets	8	Inventories for sale or use			2,950.	8	0
١ ١	9				236,878.	9	114,130
	10a	Land, buildings, and equipment: cost or other		0 006 165			
		basis. Complete Part VI of Schedule D		8,236,165.	4 002 202		4 144 130
		Less: accumulated depreciation		4,092,026.	4,993,303.	10c	4,144,139 2,498,999
	11	Investments - publicly traded securities			1,895,456.	11	2,498,999
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	43,459.	14	56,906		
	15	Other assets. See Part IV, line 11		14,120,837.	15 16	17,447,433	
	16 17	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses			1,432,558.	17	1,412,739
	18				1,452,550.	18	1,112,733
	19	Grants payable Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s l	22	Loans and other payables to any current or form					
<u>itie</u>		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
دُ	23	Secured mortgages and notes payable to unrel			2,587,356.	23	0
	24	Unsecured notes and loans payable to unrelate			2,071,204.	24	0
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	3 17-24). Complete Part X			
		of Schedule D	.,			25	
	26	Total liabilities. Add lines 17 through 25			6,091,118.	26	1,412,739
,		Organizations that follow FASB ASC 958, che	eck her	e ▶ X			
<u>ဗိ</u> ု		and complete lines 27, 28, 32, and 33.					
alar	27	,			7,880,037.	27	15,692,078 342,616
ě	28	Net assets with donor restrictions			149,682.	28	342,616
Ĕ ,		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 📖 📗			
Net Assets or Fund Balances		and complete lines 29 through 33.					
SIS	29	Capital stock or trust principal, or current funds				29	
155	30	Paid-in or capital surplus, or land, building, or ed		F		30	
et A	31	Retained earnings, endowment, accumulated in			0 000 710	31	16 024 604
ž	32	Total net assets or fund balances			8,029,719. 14,120,837.	32	16,034,694
	33	Total liabilities and net assets/fund balances			14,140,03/	33	17,447,433. Form 990 (2020

Form **990** (2020)

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Form	1990 (2020) Becoming Independent	94-	2641147	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,47		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,71	3,8	76.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,75		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,029		
5	Net unrealized gains (losses) on investments	5	24'	7,8	20.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	16,03	1,6	94.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			1
	separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			1
	consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			l
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	lit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		ı

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 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 above (see instructions)) Total

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
Ŭ	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.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(a) 2010	(5) 2017	(0) 2010	(4) 2010	(6) 2020	(i) rotal
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	•						
44	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	ete (eee instructi	one)			12	
	Gross receipts from related activities, First 5 years. If the Form 990 is for th		,	fourth or fifth toy			
13	-	-		•	•	. , . ,	ightharpoonup
Sec	organization, check this box and stop ction C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2020 (I			column (f))		14	%
	Public support percentage from 2019					15	
	33 1/3% support test - 2020. If the co						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2019. If the c						
	and stop here. The organization quali						N3 50X
172	10% -facts-and-circumstances test						or more
17 a	and if the organization meets the fact						
	meets the facts-and-circumstances te		•	•	·	•	▶ □
L		_	-	*	-	17a and line 15 is	
O	10% -facts-and-circumstances test	-					1070 UI
	more, and if the organization meets the						ightharpoonup
19	organization meets the facts-and-circu		-	•			
10	Private foundation. If the organization	n did flot check a	DOX OF HITE 13, 10	oa, 100, 17a, 01 17		and see instruction	

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.)

_	qualify under the tests listed below, please complete Part II.)									
Section A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1,198,064.	1,543,035.	672,544.	575,761.	3,137,364.	7,126,768.			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12,527,170.	12,481,379.	13,049,659.	13,649,609.	13,490,148.	65,197,965.			
3	Gross receipts from activities that						_			
	are not an unrelated trade or bus-									
	iness under section 513	301,049.	294,999.	218,620.	66,878.	58,089.	939,635.			
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to or expended on its behalf			4						
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5	14,026,283.	14,319,413.	13,940,823.	14,292,248.	16,685,601.	73,264,368.			
	Amounts included on lines 1, 2, and									
	3 received from disqualified persons	86,156.	80,235.	103,076.	20,024.	70,529.	360,020.			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.			
_	Add lines 7a and 7b	86,156.	80,235.	103,076.	20,024.	70,529.	360,020.			
	Public support. (Subtract line 7c from line 6.)	33,1331	33,233	200,070	20,0210	7075231	72,904,348.			
Sec	etion B. Total Support						,2,501,010;			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 6	14,026,283.	14,319,413.	13,940,823.	14,292,248.	16,685,601.	73,264,368.			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	47,988.		22,183.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	47,988.	447,085.	22,183.	71,180.	48,234.	636,670.			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.)	14,074,271.		· · ·		16,733,835.	73,901,038.			
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,			
_	check this box and stop here						<u></u> ▶∟			
	tion C. Computation of Publ									
	Public support percentage for 2020 (I			column (f))		15	98.65 %			
	Section D. Computation of Investment Income Percentage									
17	17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))									
18										
	33 1/3% support tests - 2020. If the					3 1/3%, and line 1				
	more than 33 1/3%, check this box a						▶ ▼			
b	33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che	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			-	· ·		-				
	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
та		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		n Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organi	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	_		
800		oported organization(s).	1		
sec	lion L	D. All Type III Supporting Organizations			
	D: 1 !!			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		son of the relationship described in line 2, above, did the organization's supported organizations have a			
3	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations	_ 3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		I the reasons for the organization's position that its supported organization(s) would have engaged in			
	these a	activities but for the organization's involvement.	2b		
3		of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	. age o						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.									
	All other Type III non-functionally integrated supporting organizations must complete 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		A							
	collection of gross income or for management, conservation, or									
	maintenance of property held for production of income (see instructions)	6								
7	Other expenses (see instructions)	7								
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8								
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1	Aggregate fair market value of all non-exempt-use assets (see									
	instructions for short tax year or assets held for part of year):									
а	Average monthly value of securities	1a								
b	Average monthly cash balances	1b								
С	Fair market value of other non-exempt-use assets	1c								
d	Total (add lines 1a, 1b, and 1c)	1d								
е	Discount claimed for blockage or other factors									
	(explain in detail in Part VI):									
2	Acquisition indebtedness applicable to non-exempt-use assets	2								
3	Subtract line 2 from line 1d.	3								
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,									
	see instructions).	4								
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6	Multiply line 5 by 0.035.	6								
7	Recoveries of prior-year distributions	7								
8	Minimum Asset Amount (add line 7 to line 6)	8								
Sect	ion C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, column A)	1								
2	Enter 0.85 of line 1.	2								
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3								
4	Enter greater of line 2 or line 3.	4								
5	Income tax imposed in prior year	5								
6	Distributable Amount. Subtract line 5 from line 4, unless subject to									
	emergency temporary reduction (see instructions).	6								
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	nization (see						
	instructions).									

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Sect	on D - Distributions	Current Year							
1	Amounts paid to supported organizations to accomplish exe		1						
2	Amounts paid to perform activity that directly furthers exempt								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3					
4	Amounts paid to acquire exempt-use assets			4					
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	he organization is responsive	е						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2020 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020				
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2020								
a	From 2015								
b	From 2016								
c	From 2017								
d	From 2018								
e	From 2019								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2020 distributable amount								
i_	Carryover from 2015 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2020 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								

Schedule A (Form 990 or 990-EZ) 2020

a Excess from 2016
b Excess from 2017
c Excess from 2018
d Excess from 2019
e Excess from 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Becoming Independent

Employer identification number 94-2641147

Pa	t I Organizations Maintaining Donor Advise		de or Accounts Complete if the
ı a			d3 of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised funds	(b) I unus and 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)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	
D-			
Pa), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic stru	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	of
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	•		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ements that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statemen	t and balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these it	ems.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement an	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		.
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

032051 12-01-20

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

Schedule D (Form 990) 2020

Pa	rt III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, o	or Othe	r Simila	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t make się	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı <u> </u> ∟	oan or exc	hange progra	am				
b	Scholarly research	е	· 🗀 c	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further t	he organizati	on's exem	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	torical trea	sures, or oth	er similar a	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	ization's c	ollection?			L	Yes	└── No
Pa	rt IV Escrow and Custodial Arran		ete if the o	organizatio	n answered '	'Yes" on F	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		•				1		7	
	on Form 990, Part X?								Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ıble:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
†	Ending balance								1,,	
	Did the organization include an amount on F						•		Yes	∐ No
_	rt V Endowment Funds. Complete i									<u> </u>
ı a	Endowment i dilus. Complete i				(c) Two year			oare back	(e) Four ye	nare back
4.	Designing of year balance	(a) Current year	(b) Pf	or year	(C) TWO year	S DACK (u) Tillee y	cais Dack	(e) i oui yi	sais back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
t a	Administrative expenses End of year balance									
g 2	Provide the estimated percentage of the curr	rent year end haland	e (line 1a	column (a)) held ac:					
a	Board designated or quasi-endowment	rent year end balane	% (IIIC 19	, coluitiii (ajj ficia as.					
	Permanent endowment	%								
	· · · · · · · · · · · · · · · · · · ·									
·	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		ation that	are held a	and administe	red for the	e organiz	ation		
-	by:	Solon on allowing annual					ga		Y	es No
	(i) Unrelated organizations									110
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sc	hedule R?)				3b	
4	Describe in Part XIII the intended uses of the									
Pa	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Acc	cumulate	d	(d) Book v	/alue
		basis (investr	ment)	basis	(other)	depi	reciation			
1a	Land			1,93	5,000.				1,935	
	Buildings			3,62	25,801.		49,1	57.	1,576	,644.
	Leasehold improvements				3,250.		19,39			,854.
d	Equipment				0,469.		13,43			,057.
	Other			2,01	1,645.	1,6	10,00			,584.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line	10c.)			•	4,144	,139 .

Schedule D (Form 990) 2020

Part VIII Investments - Program Related.	Part VII Investments - Other Securities.	5 000 D 1 1 1 1 1	44L 0	
(9) Financial derivatives 22 Closely held equity interests 33 Other (A) Sec. (B) (B) (C) (B) (B) (C) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				l-of-vear market value
	(4) =:	(b) Book value	(b) Method of Valdation. Cost of che	Tor your market value
(3) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	• • • • • • • • • • • • • • • • • • • •			
(B) (C) (C) (D) (E) (F) (F) (G) (G) (F) (F) (F) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(S) (C) (D) (E) (E) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
Column (b) must equal Form 990, Part X, col. (B) line 12.) Part XIII Investments - Program Related.				
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(E) (F) (F) (G) (G) (F) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(G) (H) (H) (Total. (Cot. (b) must equal Form 990, Part X, cot. (B) line 12.) ▶ Part VIII] Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (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) Part IX] Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, cot. (B) line 15.) ▶ Part XIII			A	
(b)	(F)			
Total. (Col. (b) must equal form 990, Part X, col. (B) line 12,) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end	(G)			
Part VIII Investments - Program Related.	(H)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, Line 13. (a) Description of investment (b) Book value (c) Method of Valuation: Cost or end-of-year market value (d) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end of-year market value (1) [2] [3] [4] [4] [5] [6] [6] [7] [8] [9] [7] [7] [8] [9] [7] [7] [7] [7] [7] [7] [7] [7] [7] [7	Part VIII Investments - Program Related.			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (b) Book value (c) (a) Description of liability (b) Book value (d) Federal income taxes (e) (g) (g) (h) (h) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Part X Libility for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
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(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part XI Other Assets. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (c) Book value (d) Federal income taxes (e) (f) Federal income taxes (f) Federal income taxes (g)	(2)			
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Schedule D (Form 990) 2020

Sche	edule D (Form 990) 2020 Becoming Independent		2641147 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	18,775,946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 8,74	19.	
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	256,569.
3	Subtract line 2e from line 1		18,519,377.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b -48,34	16.	
С	Add lines 4a and 4b	4c	-48,346.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		18,471,031.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	10,770,971.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	19.	
b	Prior year adjustments2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)	16.	
е	Add lines 2a through 2d	2e	57,095.
3	Subtract line 2e from line 1	3	10,713,876.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

b Other (Describe in Part XIII.) c Add lines 4a and 4b

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

Part X, Line 2:

"more-likely-than-not" to be sustained upon examination by the applicable

The Organization determines whether its tax positions are

taxing authority based on the technical merits of the positions. As of June 30, 2021, the Organization had no unrecognized tax positions or uncertain tax positions requiring accrual. Therefore, no provision for income taxes has been provided in the financial statements. Exempt organization information returns are subject to review through three years after the date of filing for federal and four years after the date of

Part XI, Line 4b - Other Adjustments:

filing for California.

10,713,876.

Schedule D (Form 990) 2020 Becoming Independent	94-2641147 Page 5
Part XIII Supplemental Information (continued)	
Fundraising direct expenses	-8,748.
Loss on disposal of assets	-39,598.
Total to Schedule D, Part XI, Line 4b	-48,346.
Part XII, Line 2d - Other Adjustments:	
Fundraising direct expenses	8,748.
Loss on disposal of assets	39,598.
Total to Schedule D, Part XII, Line 2d	48,346.

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

ternal Revenue Service								
Name of the organization Employer identification numb								
Becoming Independent 94-2641147								
	sing Activities. complete this part	 Complete if the organization answer t. 	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
		sed funds through any of the following	na activ	vities.	Check all that apply			
a Mail solicitat					overnment grants			
b Internet and	email solicitations				nment grants			
c Phone solicit	tations	g Special						
d In-person so	licitations							
2 a Did the organization	on have a written c	or oral agreement with any individual	(includ	ding o	fficers, directors, trus	stees	, or	
key employees list	ed in Form 990, P	art VII) or entity in connection with p	rofess	ional f	fundraising services?		Ye:	s No
		viduals or entities (fundraisers) pursu	ıant to	agree	ements under which	the fu	undraiser is to	be
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did		(v)	Amount paid	1, , , , , ,
(i) Name and addres		(ii) Activity	(iii) fundr have cu	aiser ustody	(iv) Gross receipts	to (c	or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)	(ay a same)	or con contribu	trol of	from activity		fundraiser ted in col. (i)	organization
			Yes	No				+
			res	NO				
								_
Takal								
		un in registered at lineared to policit		ution	ar has been notified	d :+ :0	avament from	L
or licensing.	ich the organizatio	on is registered or licensed to solicit	CONTIND	utions	s or has been nouned	J IL IS	exempt from	registration
or nooneing.		>						

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

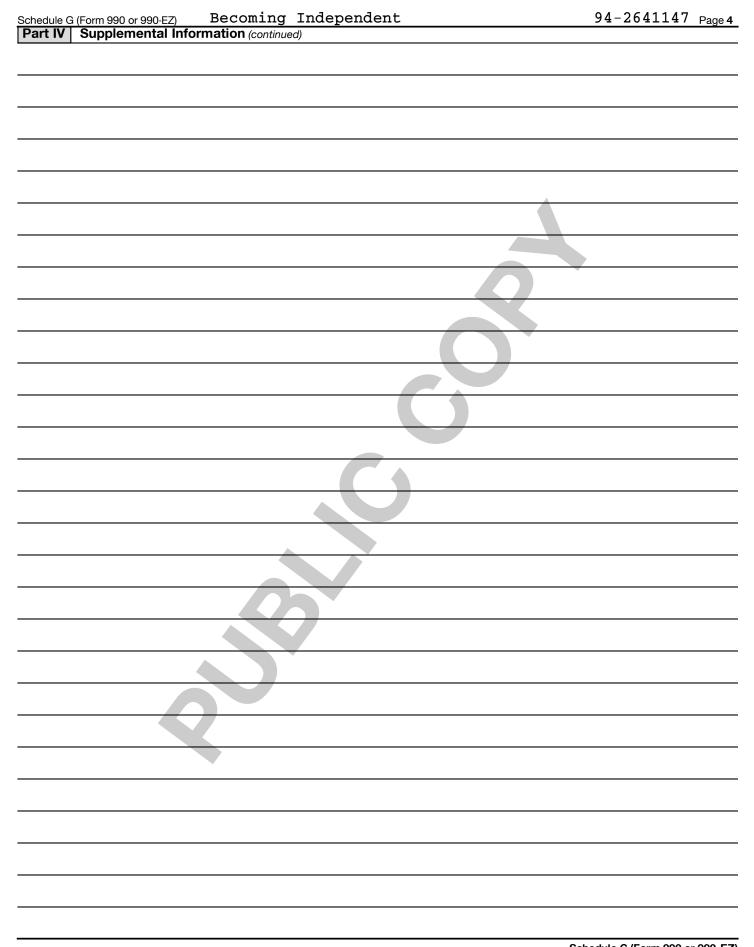
Schedule G (Form 990 or 990-EZ) 2020

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups.				
		or iditariasing event contributions and gr	(a) Event #1 Connecting Communities (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	162,417.	(ordin typo)	(total Harrison)	162,417.
	2	Less: Contributions	104,328.			104,328.
	3	Gross income (line 1 minus line 2)	58,089.			58,089.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment	8,748.			8,748.
	9	Other direct expenses				8,748.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			49,341.
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization is				40,541.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1 9 90, Fait IV, iiile 19, 01	reported more triair	
		\$10,000 0111 01111 000 EZ, III10 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
evel						
ď	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs	A			
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9		ter the state(s) in which the organization condu			·	
		the organization licensed to conduct gaming an No," explain:				Yes No
		ere any of the organization's gaming licenses re	· ·	-	year?	Yes No
	_					

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 Becoming Independent	94-264	<u>1147</u>	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 p	partnership or other entity formed	٦.	
to administer charitable gaming?	L	∐ Yes	└── No
13 Indicate the percentage of gaming activity conducted in:	1	1	
a The organization's facility			<u>%</u>
b An outside facility		b	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gam	ing/special events books and records:		
Name ▶			
Address			
15a Does the organization have a contract with a third party from whom the organization	ation receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the amount		
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 contines provided			
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	n the gaming proceeds to		
retain the state gaming license?	<u> </u>	Yes	□ No
b Enter the amount of distributions required under state law to be distributed to or			
organization's own exempt activities during the tax year >\$	The exempt organizations of spent in the		
Part IV Supplemental Information. Provide the explanations required b	v Part I, line 2b, columns (iii) and (v); and Part III	lines 9.	9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional inform		, 100 0,	05, 105,
·			



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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Becoming Independent

Employer identification number 94-2641147

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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				
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicate which, if any, of the following the 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
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		X
b	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		X
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	l	l

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

Schedule J (Form 990) 2020

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	beriefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) Luana Vaetoe	(i)	196,936.	0.	0.	8,228.	6,697.	211,861.	0.
Chief Executive Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Paula Kraus Finley	(i)	144,941.	0.	0.	5,780.	6,336.	157,057.	
Chief of Services	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Becoming Independent

Employer identification number 94-2641147

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 and Marin counties.

Form 990, Part III, Line 4a, Program Service Accomplishments: of all.

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 approved 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 generally documented in the minutes of the applicable meeting.

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.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization Becoming Independent	Employer identification number 94-2641147
Form 990, Part VI, Section C, Line 19:	
The Organization makes its financial statements available	e to the public via
the Organization's website. The Organization's governing	documents and
conflict of interest policy are available upon request.	