

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning $\ _{ m JUL} \ 1$, 2023, and ending	<u>JUN</u>	30	, 20 <u>2</u>
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<u> 4</u>

OMB No. 1545-0047

Department of the Treasury

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

mternai R	evenue Service	GO	O WWW	s.gov/F011100791	E for the latest informatio	111.		
Name o		-					EIN or SSN	4.5
	Becoming Ind	_					94-2641	147
Name aı	nd title of officer or person subject t			Vaetoe Executive	Officer			
Part	Type of Return an				OTTICEL			
Form 5 or 10a whiche	the box for the return for which 330 filers may enter dollars and below, and the amount on that ver is applicable, blank (do not le line in Part I.	cents. For a	all othe return b	r forms, enter whole o eing filed with this fo	dollars only. If you check the rm was blank, then leave lir	e box on li ne 1b, 2b,	ine 1a, 2a, 3a, 4 , 3b, 4b, 5b, 6b,	4a, 5a, 6a, 7a, 8a, 9a , 7b, 8b, 9b, or 10b,
1a	Form 990 check here	Х ь	Total	evenue, if any (Form	990, Part VIII, column (A),	line 12)	110	L6,931,855.
2a	Form 990-EZ check here				990-EZ, line 9)			
3a	Form 1120-POL check here				line 22)			
4a	Form 990-PF check here				i ncome (Form 990-PF, Par			
5a	Form 8868 check here				ine 3c)			
6a	Form 990-T check here				III, line 4)			
7a	Form 4720 check here				III, line 1)			
8a	Form 5227 check here				x year (Form 5227, Item D			
9a	Form 5330 check here				I, line 19)			
10a	Form 8038-CP check here				requested (Form 8038-CF			
Part					cer or Person Subjec			<u> </u>
	penalties of perjury, I declare that							to (name
of entit						-	· ·	•
of any lentry to financia later the paymen person	redgement of receipt or reason efund. If applicable, I authorize the financial institution accour institution to debit the entry to an 2 business days prior to the at of taxes to receive confidential identification number (PIN) as the content of the box only I authorize Dillwood	the U.S. Trout indicated this accoupayment (seal information my signature)	easury a in the ta nt. To r ettlement on nece are for the	and its designated Fir ax preparation softwa evoke a payment, I m nt) date. I also author ssary to answer inqui ne electronic return a	nancial Agent to initiate an are for payment of the feder oust contact the U.S. Treas ize the financial institutions iries and resolve issues rela nd, if applicable, the conse	electronic ral taxes ov ury Financ involved i ted to the nt to electi	funds withdrawa wed on this retu ial Agent at 1-88 n the processing payment. I have ronic funds with	al (direct debit) Irn, and the 38-353-4537 no g of the electronic e selected a
L 2	I authorize DIIIWOOd	Durke	_ α		P	10		nter five numbers, but
				ERO firm name				do not enter all zeros
	as my signature on the tax y with a state agency(ies) regu on the return's disclosure co As an officer or person subjereturn. If I have indicated wit IRS Fed/State program, I wil	lating charifunce of the character of th	ties as pen. th respons	part of the IRS Fed/St ect to the entity, I will a copy of the return i	tate program, I also authori enter my PIN as my signat s being filed with a state aç	ze the afor ure on the	rementioned ER	O to enter my PIN electronically filed
Ci amatu wa		,					Date	
Part	of officer or person subject to tax Certification and	Authentic	cation				Date	
	EFIN/PIN. Enter your six-digit e							
	(EFIN) followed by your five-did		-		687455	32060		
	(=:)	,		•	Do not ente			
submit	that the above numeric entry is ing this return in accordance was Returns.							
ERO's s	gnature				Date	12/	06/24	
					rm - See Instruction			
	Do N	lot Subm	it Thi	s Form to the IR	S Unless Requested	To Do S		
For Pri	vacy Act and Paperwork Redu	iction Act I	Notice,	see instructions.			Fo	orm 8879-TE (2023)

LHA 302521 01-05-24

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

	onic filing (e-file). You can electronically file Form 8868 to			•		
	below except for Form 8870, Information Return for Transfe					
reque	st for Form 8870 must be sent to the IRS in a paper format (see instru	ctions). For more details on the electroni	ic filing	of Form	
8868,	visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.				
Cautio	on: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 8453-7	ΓE and	Form 8879-TE for p	ayment
instru	ctions.					
All co	porations required to file an income tax return other than Fo	rm 990-T	(including 1120-C filers), partnerships, R	EMICs	, and trusts	
must i	use Form 7004 to request an extension of time to file income	e tax retur	ns.			
Part I	- Identification					
Type	Name of exempt organization, employer, or other filer	, see instru	uctions.	xpayer	identification numb	er (TIN)
Print						
File by A	Becoming Independent				94-264114	7
File by t due date		ee instruct	ions.			
filing you return. S		ay				
instructi		reign addı	ress, see instructions.			
	Santa Rosa, CA 95407					
Enter	the Return Code for the return that this application is for (file	a separat	te application for each return)			01
Applic	eation Is For	Return	Application Is For			Return
		Code				Code
Form	990 or Form 990-EZ	01	Form 4720 (other than individual)			09
Form	4720 (individual)	03	Form 5227			10
Form	990-PF	04	Form 6069			11
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form	990-T (trust other than above)	06	Form 5330 (individual)			13
Form	990-T (corporation)	07	Form 5330 (other than individual)			14
Form	1041-A	08				
• Afte	r you enter your Return Code, complete either Part II or Part	III. Part II	I, including signature, is applicable only	for an	extension of	
	o file Form 5330.					
• If th	is application is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
	Plan Name					
	Plan Number					
	Plan Year Ending (MM/DD/YYYY)					
Part II	- Automatic Extension of Time To File for Exempt Organi	zations (s	see instructions)			
	e books are in the care of Luana Vaetoe		•			
		nter	Parkway - Santa Rosa	1, C	A 95407	
Tel	ephone No. (707)524-6600		Fax No.			
• If ti	ne organization does not have an office or place of business	in the Uni	ted States, check this box			
	nis is for a Group Return, enter the organization's four-digit (heck this
box	. If it is for part of the group, check this box	_	ch a list with the names and TINs of all r			
1	I request an automatic 6-month extension of time until	ay 15	, 20 25 , to file the	e exem	pt organization retu	ırn for
	the organization named above. The extension is for the orga	anization's				
	calendar year 20 or					
		. 20	23 , and ending JU	N 3	0 . , 20	24
		,	, ,		,	
2	If the tax year entered in line 1 is for less than 12 months, cl	neck reaso	on: Initial return Fina	al retur	n	
_	Change in accounting period					
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax less			
	any nonrefundable credits. See instructions.	, critor trio	torrative tax, 1000	3a	\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and	"	*	
	estimated tax payments made. Include any prior year overpa	•		3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your pa			55	*	<u> </u>
	using EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.
	doing L. IT & (Electronic Federal Tax Fayment Oystell). Gee	1011 40110	110.		. Y	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

AF	or the	\pm 2023 calendar year, or tax year beginning \pm 00 \pm 1, \pm 2023 and 6	enaing U	UN 30, 2024	
B C	heck if oplicable	C Name of organization		D Employer identific	cation number
	Addres change	Becoming Independent			
	Name change	Doing business as		94-26411	47
	Initial return	,	Room/suite	E Telephone number	
	Final return/	1455 Corporate Center Parkway		707-524-	
	termin ated Amend			G Gross receipts \$	20,317,361.
	return	Santa Rosa, CA 95407		H(a) Is this a group re	
	tion pendin	F Name and address of principal officer: Dualia Vaecoe		for subordinates	
		same as C above		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1 4 7	list. See instructions
	Vebsit		I Veer	H(c) Group exemptio	n number 1 State of legal domicile: CA
		organization: X Corporation Trust Association Other Summary	L Year	of formation: 1900 N	A State of legal domicile: CA
-		Briefly describe the organization's mission or most significant activities: Becon	ning T	ndependent	(BI) is a
e		non-profit community benefit organization			
Activities & Governance		Check this box if the organization discontinued its operations or dispos			
ver		- · · · · · · · · · · · · · · · · · · ·		3	15
ဗ		Number of independent voting members of the governing body (Part VI, line 1b)			15
S		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			360
itie		Total number of volunteers (estimate if necessary)			19
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
٧		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		1,062,152.	2,454,579.
'nu	9	Program service revenue (Part VIII, line 2g)		12,758,420.	13,709,689.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		135,228.	615,939.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		46,968.	151,648.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		14,002,768.	16,931,855.
	13	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.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,146,677.	9,203,923.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ď×	b	Total fundraising expenses (Part IX, column (D), line 25) 252,11		2 520 650	2 107 740
ш	.,	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,530,658.	3,107,748.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,677,335. 2,325,433.	12,311,671.
s	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	4,620,184. End of Year
Net Assets or Fund Balances	00	Total accests (Doct V. line 10)	Бе	26,241,697.	30,310,008.
\sse Bala	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		1,891,734.	1,025,825.
Vet/	21 22	Net assets or fund balances. Subtract line 21 from line 20		24,349,963.	29,284,183.
Pa	rt II	Signature Block		21/313/3031	23/201/2001
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			into mouge and zener, it is
		,, ·			
Sigr	1	Signature of officer		Date	
Her		Luana Vaetoe, Chief Executive Officer			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN
Paid		Christina Z Hollingsworth Christina Z Holl	ings 1	2/06/24 if self-employ	P02090706
Prep		Firm's name Dillwood Burkel & Millar, LLP			8-0456752
Use		Firm's address 175 Concourse Boulevard, Suite A			
		Santa Rosa, CA 95403		Phone no. (7	07) 577-8806
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	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.
	(Code:) (Expenses \$ 6 , 379 , 006 • including grants of \$) (Revenue \$ 8 , 070 , 399 •)
-14	Education & Employment Programs:
	This fiscal year, Becoming Independent served over 250 people with
	intellectual and developmental disabilities in our Education programs
	and another 100 in Employment programs, all of whom share a common goal
	of living meaningful and fulfilling lives through exploration and
	development in the areas of education and employment. Our programs are
	created with the understanding that all people have the right to choose
	their own paths and the right to be valued as active community members.
	Services include building skills in the areas of health, wellness,
	nutrition, socialization, communication, arts, music, self-advocacy,
	job skills and ongoing professional growth and exploration.
	2 774 004
4b	(Code:) (Expenses \$
	Living Services:
	Our Living Services teams offer two support options for those who
	choose to live independently. Independent Living Services (ILS),
	serving over 100 individuals annually, are centered around developing
	skills to achieve the level of independence of one's choosing.
	Objectives are designed based on an assessment of current skills
	including self-advocacy, health and safety, personal and social skills,
	mobility, accessing community resources, and financial management.
	Supported Living Services (SLS), serving over 50 individuals, provide
	the support required for a person to live their most independent life,
	in their own home, on their own terms. Services are flexible and
	person-centered, offering customized assistance.
4c	(Code:) (Expenses \$ 923,786. including grants of \$) (Revenue \$) (Revenue \$)
	Transportation:
	Agency vehicles provide rides to hundreds of individuals annually to
	and from their homes, jobs, BI program sites, volunteer sites and
	community events all over Sonoma and surrounding counties. In addition,
	BI stands ready, as it has in the past, to make use of its fleet of
	vehicles to help in the event of need, be that due to an emergency or
	other need of the community when possible.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 11,077,676.
	Form 990 (2023)

Form 990 (2023) Becoming Independent Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			-23
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
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?			٦,
	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			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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	- 1.12		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد ا		v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2023) 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	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		<u> </u>
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	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?	335		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 45			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7-	
	(gambling) winnings to prize winners?	1c	X	(25 = 11
332004	! 12-21-23	Form	3 3 U	(2023)

Form 990 (2023) Becoming Independent

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 360			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	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?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7.		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		71
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.) [11b] Coating 4047(aVd) and average of particular to the average of the particular filling forms 4000 in line of forms 40410.	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
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			
С	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
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
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	

Becoming Independent 94-2641147 Form 990 (2023) 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 Section A. Governing Body and Management No Yes 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

exempt status with respect to such arrangements?

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

The organization's CEO, Executive Director, or top management official

Other officers or key employees of the organization

taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

State the name, address, and telephone number of the person who possesses the organization's books and records Luana Vaetoe - (707)524-6600

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

1455 Corporate Center Parkway, Santa Rosa, CA 95407

Form **990** (2023)

Х

Х

Х

15a

15b

16a

16h

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck i ss per	more rson i	than is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Luana Vaetoe Chief Executive Officer	40.00	-		x				257 401	0.	10 011
(2) Paula Kraus Finley	40.00			Δ				357,401.	0.	18,011.
Chief of Services	40.00	1			x			223,306.	0.	14,993.
(3) Jeffrey Woods	40.00				-			223,300.	•	11,000.
CFO - Ended 10/31/2023		1		х				167,575.	0.	11,132.
(4) James Cox	40.00							,	-	,
Director of Quality & Strategic Grow						X	ľ	139,655.	0.	6,503.
(5) Kaela Talafili	40.00									
Director of Education						X		106,892.	0.	6,916.
(6) Christie Dale	40.00									
Senior Accountant				X				47,529.	0.	2,055.
(7) David House	1.00									
Past President		X						0.	0.	0.
(8) Joerg Olson	1.00									
Member		Х						0.	0.	0.
(9) Nicholas Dieter	2.00	1								
President		Х		Х				0.	0.	0.
(10) Bonnie Burrell	2.00									
Vice President	1 00	Х		X		_		0.	0.	0.
(11) Donna Cates	1.00	ļ		l						•
Secretary	1 00	Х		Х		├		0.	0.	0.
(12) Carrie Mauritson	1.00	.,								0
Member (12) Posses Weight	1 00	Х				┝		0.	0.	0.
(13) Bryan Wright	1.00	Х						0.	0.	0.
Deputy (14) Sheri Wenzel	1.00	Δ				┢		0.	0.	U •
Treasurer	1.00	Х		х				0.	0.	0.
(15) Alicia Burns	1.00	Λ		^		\vdash		0.	0.	<u></u>
Member	1.00	Х						0.	0.	0.
(16) Denee Locke	1.00							•		
Member		х						0.	0.	0.
(17) Terry Fassold	1.00	<u> </u>								
Member		Х						0.	0.	0.
•	•	•					•			Form 990 (2022)

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Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Posi		າ than d	nne	Reportable	Reportable		Esti	imate	d
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	۱	amo	ount d	of
	week		cer an	id a di	irecto	r/trus	tee)	from	from related		0	ther	
	(list any	ector						the	organizations		comp		
	hours for	or dir	يو			ated		organization	(W-2/1099-MIS	C/		m the	
	related	stee	truste			bens		(W-2/1099-MISC/	1099-NEC)		•	nizati	
	organizations below	altn	onal		oloye	e co		1099-NEC)				relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	nizatio	ons
(18) Eric Gullotta	1.00	드	드	0	ž	王高	Œ			+			
Member		Х						0.		0.			0.
(19) Josh Golf	1.00												
Member		Х						0.		0.			0.
(20) Danielle Westermann	1.00												
Member		Х						0.		0.			0.
(21) Bryna McCulley	1.00												
Member		Х						0.		0.			0.
1b Subtotal	1							1,042,358.		0.	59	, 61	L O .
c Total from continuation sheets to Part VI	I. Section A					"		0.		0.		,	0.
d Total (add lines 1b and 1c)						7		1,042,358.		0.	59	, 61	
2 Total number of individuals (including but n								· · · · · · · · · · · · · · · · · · ·	000 of reportable			•	
compensation from the organization						7			,				5
											•	Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	ey e	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s				7	•		Ū		•		3		Х
4 For any individual listed on line 1a, is the su		e co	mpe	ensa	tion	and	oth	er compensation from t	he organization				
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .				<u> </u>	5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co		•							•	ensatio	on fron	n	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T	-	ear.				
(A)								(B)			(C))	

(A) Name and business address	(B) Description of services	(C) Compensation
Descor Builders, 1000 Enterprise Way STE		
100, Roseville, CA 95678	Construction	274,584.
Black Box Network Services		
PO BOX 639875, Cincinnati, OH 45211	AV/LV Equipment	135,445.
The Engine is Red, 409 Mendocino Ave.		
Floor 2, Santa Rosa, CA 95401	Marketing	106,961.
Coogler's Auto Repair		
990 Piner Road, Santa Rosa, CA 95403	Auto Repair	106,699.
2 Total number of independent contractors (including but not limited to those lis	sted above) who received more than	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues 281,070. c Fundraising events 1c d Related organizations 1d 270,710. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1,902,799 1f 71,943 g Noncash contributions included in lines 1a-1f 2,454,579 h Total. Add lines 1a-1f **Business Code** 624100 2 a Service fees 12,018,167. 12018167 Program Service Revenue 624310 1,174,802 Work activities revenue 1,174,802. 624310 516,720. 516,720. Reimbursements f All other program service revenue 13,709,689. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 530,729 530,729 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 3,264,398. 11,326. assets other than inventory b Less: cost or other basis 3,168,668. 21,846 and sales expenses 7b Other Revenue -10,520 c Gain or (loss) 7с 95,730. 85,210. 85,210. d Net gain or (loss) 8 a Gross income from fundraising events (not 281,070. Of including \$ contributions reported on line 1c). See Part IV, line 18 336,137. 194,992. **b** Less: direct expenses 141,145 141,145. c Net income or (loss) from fundraising events 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 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a Miscellaneous Income 561300 10,503 10,503. b d All other revenue 10,503 e Total. Add lines 11a-11d 16,931,855. 767,587. 13709689 Total revenue. See instructions 12

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Form 990 (2023) Becoming Independent Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	mplete column (A).	
	Check if Schedule O contains a respor	7.5.		(2)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations 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			A	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	886,534.	531,242.	349,160.	6,132.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,857,971.	6,429,547.	275,497.	152,927.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			46 11=	
9	Other employee benefits	749,231.	679,925.	60,897.	8,409. 12,199.
10	Payroll taxes	710,187.	658,533.	39,455.	12,199.
11	Fees for services (nonemployees):				
а	•				
b	•				
С	Accounting				
d	, 0				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	345,371.	223,558.	120,102. 8,332.	1,711. 231.
12	Advertising and promotion	59,232.	50,669.	8,332.	231.
13	Office expenses				
14	Information technology				
15	Royalties		100		
16	Occupancy	116,171.	107,772.	6,929.	1,470.
17	Travel	107,041.	106,771.	268.	2.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	192,955.	185,127.	7,813.	15.
20	Interest	20,820.	20,820.		-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	914,905.	881,534.	26,359.	7,012.
23	Insurance	131,155.	123,454.	5,779.	1,922.
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.)				
9	Vehicle expenses	469,288.	469,288.		
a b	Supplies	404,783.	337,296.	49,395.	18,092.
c	Repairs & maintenance	152,153.	133,699.	6,175.	12,279.
d	Telephone & data	108,392.	100,312.	5,606.	2,474.
	All other expenses	85,482.	38,129.	20,111.	27,242.
25	Total functional expenses. Add lines 1 through 24e	12,311,671.	11,077,676.	981,878.	252,117.
26	Joint costs. Complete this line only if the organization	,,	, , ,		, · ·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				
				·	Earm 990 (2022)

Form 990 (2023) Part X Balance Sheet

Pai	rt X	Balance Sneet				
		Check if Schedule O contains a response or note to any	ine in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		8,500,786.	1	2,914,952
	2	Savings and temporary cash investments		120,078.	2	9,530,990
	3	Pledges and grants receivable, net		25,000.	3	
	4	Accounts receivable, net		1,246,657.	4	1,166,714
	5	Loans and other receivables from any current or former of				
		trustee, key employee, creator or founder, substantial co	ntributor, or 35%		A	
		controlled entity or family member of any of these person	s		5	
	6	Loans and other receivables from other disqualified person	ons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
က္	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		4,481.	8	5,988
ž	9			147,794.	9	145,928
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	14,985,198.			
	b	Less: accumulated depreciation 10b	3,824,424.	11,317,604.	10c	11,160,774
	11	Investments - publicly traded securities		4,583,772.	11	5,187,132
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		14	1.2	
	15	Other assets. See Part IV, line 11		295,525.	15	197,530
	16	Total assets. Add lines 1 through 15 (must equal line 33)		26,241,697.	16	30,310,008
	17	Accounts payable and accrued expenses		1,624,259.	17	838,623
	18	Grants payable			18	
	19	Deferred revenue	/	19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of			21	
Ď	22	Loans and other payables to any current or former officer				
		trustee, key employee, creator or founder, substantial co				
Liabilites		controlled entity or family member of any of these person			22	
•	23	Secured mortgages and notes payable to unrelated third	, , , , , , , , , , , , , , , , , , , ,		23	
	24	Unsecured notes and loans payable to unrelated third pa			24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24).	Complete Part X	267,475.	05	187,204
	00			1,891,734.	25	1,025,825
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	X	1,091,754.	26	1,025,025
Ş		and complete lines 27, 28, 32, and 33.				
<u> </u>	27	Net assets without donor restrictions		24,257,828.	27	28,682,761
<u>a</u>	28	Net assets with donor restrictions		92,135.	28	601,422
<u> </u>	20	Organizations that do not follow FASB ASC 958, chec		72,133.	20	001,422
5		and complete lines 29 through 33.	KINGIE			
5	29	Capital stock or trust principal, or current funds			29	
2	30	Paid-in or capital surplus, or land, building, or equipment			30	
001	31	Retained earnings, endowment, accumulated income, or			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		24,349,963.	32	29,284,183
Z	33			26,241,697.	33	30,310,008
	- 00	Total habilities and flet assets/fully balances			- 55	Form 990 (20)

	1000 (2020) 2000 milig ziraoponacii			/	1 0	igc
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		,93		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,31		
3	Revenue less expenses. Subtract line 2 from line 1	3		,62		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24	,34		
5	Net unrealized gains (losses) on investments	5		37	<u>6,9</u>	21.
6	Donated services and use of facilities	6				
7	Investment expenses	7		-6	2,8	87.
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	29	,28	4,1	81.
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>				<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule (D.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

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.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization Recoming Independent Employer identification number 01-2641147

		ming indepe					4-2041147
Part I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
he orga	nization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)		
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)		A	
3	A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	A medical research organiz						the hospital's name.
	city, and state:	•	,			TA A A A	,
5	An organization operated for	or the benefit of a col	llege or university owned	d or operat	ed by a go	vernmental unit describe	ed in
	section 170(b)(1)(A)(iv). (C				, 3-		, =
6	A federal, state, or local gov		nental unit described in	section 17	70/61/41/41	(1/)	
7	An organization that norma	_					aublic described in
,	-	-	intial part of its support if	ioiii a gove	minentai	unit of from the general p	Jublic described in
	section 170(b)(1)(A)(vi). (C	•	(4)/A)/vi) (Camplete Der	+ 11 \			
8	A community trust describe				ad in coniu	unation with a land grant	aallaaa
9	An agricultural research org					-	-
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or
10 X	university:	II	H 00 4 /00/ - f it		1. 11 11		d annual and a factor for an
10 X	An organization that norma						
	activities related to its exen		•	. ,		• •	· ·
	income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the organization a	ifter June 30, 1975.
	See section 509(a)(2). (Con	•					
11	An organization organized a	•					_
12	An organization organized a	•				•	
	more publicly supported or	~					Check the box on
	lines 12a through 12d that	* *					
a L	Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		7	-		
	the supported organization			majority o	f the direc	tors or trustees of the su	upporting
_	organization. You must o	complete Part IV, Se	ections A and B.				
b L	Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	ed organization(s), by have	ving
	control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	oorted
	organization(s). You mus	t complete Part IV,	Sections A and C.				
c L	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
	its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.	
d L	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	rith its supported organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness
_	requirement (see instructi		-				
e	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
	functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.		
f Ent	ter the number of supported o	organizations					
g Pro	ovide the following information			I (i.) la tha area	aiastiaa listad		T 194
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other support (see instructions)
	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
- 4 - 1						I	Ì

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					_	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop	o here					
	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	<u>%</u>
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the				14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the	-			line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	-	• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			=	•	VI how the organiz	ation
	meets the facts-and-circumstances te	ū	•				
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-		• •		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

(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.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Gifts, grants, contributions, and		• •							
	membership fees received. (Do not include any "unusual grants.")	575,761.	3137364.	2622611.	1062152.	2454579.	9852467.			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in									
	any activity that is related to the	13649609.	13490148.	13183176.	12758420.	13709689.	66791042.			
3	Gross receipts from activities that									
	are not an unrelated trade or bus- iness under section 513	66,878.	58,089.	157,960.	289,182.	336,137.	908,246.			
4	Tax revenues levied for the organ-		-	,		7				
	ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities									
J	furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5	14292248.	16685601.	15963747.	14109754.	16500405.	77551755.			
	Amounts included on lines 1, 2, and									
	3 received from disqualified persons	20,024.	70,529.	35,070.	30,413.	1552059.	1708095.			
C	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					100 399	100,399.			
,	amount on line 13 for the year Add lines 7a and 7b	20,024.	70,529.	35,070.	30,413.	1652458.	1808494.			
		20,024.	10,323.	33,070.	30,413.		75743261.			
Sec	8 Public support. (Subtract line 7c from line 6.) 75743261. Section B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
		14292248.		15963747.		16500405.				
	Gross income from interest,			10,000,170			773327337			
	dividends, payments received on securities loans, rents, royalties,	71 100	10 021	06 170	261 241	F20 700	1007556			
	and income from similar sources	71,180.	48,234.	96,172.	261,241.	530,729.	1007556.			
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975	71,180.	48,234.	96,172.	261,241.	530,729.	1007556.			
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	71,180.	40,234.	90,172.	201,241.	330,723.	1007330:			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
13	Total support. (Add lines 9, 10c, 11, and 12.)	14363428.	16733835 .	16059919.	14370995.	17031134.	78559311.			
14	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,			
	ction C. Computation of Publi									
15	Public support percentage for 2023 (I	ine 8, column (f), di	ivided by line 13, o	olumn (f))		15	96.42 %			
	Public support percentage from 2022					16	99.00 %			
	ction D. Computation of Inves						1 00			
17	Investment income percentage for 20					17	1.28 %			
18	Investment income percentage from					18	.66 %			
19a	33 1/3% support tests - 2023. If the									
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	-	-				ınd			
-	line 18 is not more than 33 1/3%, che									
20	Private foundation. If the organization									

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3a	L	1		
3a				
3a				
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	L	2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3c	L	3a		
3c				
3c				
4a	L	3b		
4a				
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	L	3c		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	L	4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	Н	4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b	Н	4c		
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5c 6 7 8 9a 9b 9c 10a 10b	Н	5a		
5c 6 7 8 9a 9b 9c 10a 10b				
6 7 8 9a 9b 9c 10a 10b	ŀ			
7 8 9a 9b 9c 10a	H	5 C		
7 8 9a 9b 9c 10a				
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7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a		6		
9a 9b 9c 10a 10b				
9a 9b 9c 10a 10b				
9a 9b 9c 10a 10b	Т	7		
9a 9b 9c 10a				
9a 9b 9c 10a		8		
9b 9c 10a				
9b 9c 10a				
9c 10a 10b		9a		
9c 10a 10b				
10a	L	9b		
10a				
10b	L	9c		
10b				
10b				
		10a		

Schedule A (Form 990) 2023

Sched	dule A (Form 990) 2023 Becoming Independent 9	4-264114	7 Pa	age 5
Par				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described on line 11a above?	11b		<u> </u>
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	e or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations	· ·		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sect	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		
		ti		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ictions).		
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 instruction	′	N ₂
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			

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

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Schedule A (Form 990) 2023

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

За

Check here if the organization satisfied the Integral Part Test as a qualifying to All other Type III non-functionally integrated supporting organizations must consection A - Adjusted Net Income 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 9 Pection B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,		·	Part VI). See instruction (B) Current Year (optional)
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d.	1 2 3 4 5	-	
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 9 ection B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d.	2 3 4 5 6 7	(A) Prior Year	
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 9 ection B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d.	2 3 4 5 6 7		
Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Pection B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d.	3 4 5 6 7		
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a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d.			
b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d.			
c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d.	1a		
d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d.	1b		
e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d.	1c		
(explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d.	1d		
(explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d.			
2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d.			
3 Subtract line 2 from line 1d.	2		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount.	3		
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		
ection 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 in	ntegra	ted Type III supporting orgar	nization (see
emergency temporary reduction (see instructions).		ted Type III supporting orgar	nization (see

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

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.

2023
Open to Public Inspection

Name of the organization

Becoming Independent

Employer identification number 94-2641147

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the
	organization answered Tes On Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bollet davised failed	(b) I allias alla salisi assessino
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) 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 w	writing that the assets held in donor advis	end funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
Ü	for charitable purposes and not for the benefit of the donor or		
	·		
Pai			
1	Purpose(s) of conservation easements held by the organization		, , , , , , ,
	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		Ta del filled filotofilo diffactare
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	Su dell'est valien continuation in the form	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acquir		
-	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year		3
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		□ Vaa □ Na
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(I	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.	A	
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	, , , , , , , , , , , , , , , , , , ,	•
	service, provide in Part XIII the text of the footnote to its finan-		
b	If the organization elected, as permitted under FASB ASC 958	· ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under FASB AS		
	Revenue included on Form 990, Part VIII, line 1		•
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2023

Pai	rt III Organizations Maintaining C	ollections of Art, Hist	orical Treasures, c	r Other Similar Ass	sets (continued)
3	Using the organization's acquisition, accession	on, and other records, check	any of the following that	t make significant use of	its
	collection items (check all that apply).				
а	Public exhibition	d 🗌	Loan or exchange progr	am	
b	Scholarly research	е 🗌	Other		
С	Preservation for future generations				
4	Provide a description of the organization's co	llections and explain how th	ney further the organizati	on's exempt purpose in F	Part XIII.
5	During the year, did the organization solicit or	receive donations of art, hi	storical treasures, or oth	er similar assets	
	to be sold to raise funds rather than to be ma				Yes No
Pai	rt IV Escrow and Custodial Arrang	gements Complete if the	organization answered	'Yes" on Form 990, Part	IV, line 9, or
	reported an amount on Form 990, Par	t X, line 21.			
1a	Is the organization an agent, trustee, custodia	an, or other intermediary for	contributions or other a	ssets not included	
	on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XIII a	and complete the following t	able:		
					Amount
	Additions during the year				
е	Distributions during the year				
f	Ending balance				
	Did the organization include an amount on Fo				Yes No
	If "Yes," explain the arrangement in Part XIII.				
Pai	rt V Endowment Funds Complete if				
		(a) Current year (b) F	Prior year (c) Two year	ars back (d) Three years b	eack (e) Four years back
	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses				
	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
f	Administrative expenses	A			
g	End of year balance		<u> </u>		
2	Provide the estimated percentage of the curre		g, column (a)) held as:		
а	Board designated or quasi-endowment				
b		%			
С		%			
	The percentages on lines 2a, 2b, and 2c shou				
3a	Are there endowment funds not in the posses	ssion of the organization tha	t are held and administe	red for the	V N.
	organization by:				Yes No
	(i) Unrelated organizations?				
	If "Yes" on line 3a(ii), are the related organization				3b
Dai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipme		runds.		
rai	Complete if the organization answered		/ line 11a See Form 90	Dart V line 10	
			1		(d) Dealers by
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
.	Land	` '	1,935,000.	deprediation	1 035 000
	Land	I	7,506,316.	1,255,042.	1,935,000. 6,251,274.
	Buildings		14,541.	4,410.	10,131.
	Leasehold improvements		1,146,202.	492,358.	653,844.
	Equipment	I	4,383,139.	<u> </u>	2,310,525.
	Other				11,160,774.
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Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 Becoming Indepe	endent	9.	4-2641147 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" on Forn			
	o) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	000 5 1 11/11 4	1 0 5 000 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Complete if the organization answered "Yes" on Forn			
(a) Description of investment (b)	b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
	o OOO Don't IV line 1	1d Con Forms 000 Port V line 15	
Complete if the organization answered "Yes" on Form		Id. See Form 990, Part X, line 15.	(h) Deek welve
(a) Descrip	otion	<u></u>	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities			
Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Operating lease liability			187,204
(3)			
(4)			
(5)			
(6)			
(6) (7)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

Dai	rt XI Reconciliation of Revenue per Audited Financial Statem	onte With	Revenue ner Re	turn	
I a			nevenue per ne	Luiii	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			17 442 202
1				1	17,443,382.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	25.001		
а	9 ()		376,921.		
b			2,500.		
С	1 7 3				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	379,421.
3	Subtract line 2e from line 1			3	17,063,961.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	62,887.		
b	Other (Describe in Part XIII.)	4b	-194,992.		
С	Add lines 4a and 4b			4c	-132,105.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	16,931,856.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Witl	h Expenses per P	letur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total expenses and losses per audited financial statements			1	12,509,162.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	2,500.		
b	Prior year adjustments	2b			
С	Other losses	2c	194,992.		
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	197,492.
3	Subtract line 2e from line 1			з	12,311,670.
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	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	12,311,670.
Pa	rt XIII Supplemental Information				

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

Part X, Line 2:

The Organization determines whether its tax positions are "more-likely-than-not" to be sustained upon examination by the applicable taxing authority based on the technical merits of the positions. As of June 30, 2024, the Organization had no unrecognized tax positions or uncertain tax positions requiring accrual. Therefore, no provision for income taxes has been provided in the financial statements. Exempt organization information returns are subject to review through three years after the date of filing for federal and four years after the date of filing for California.

Part XI, Line 4b - Other Adjustments:

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number Becoming Independent 94-2641147 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

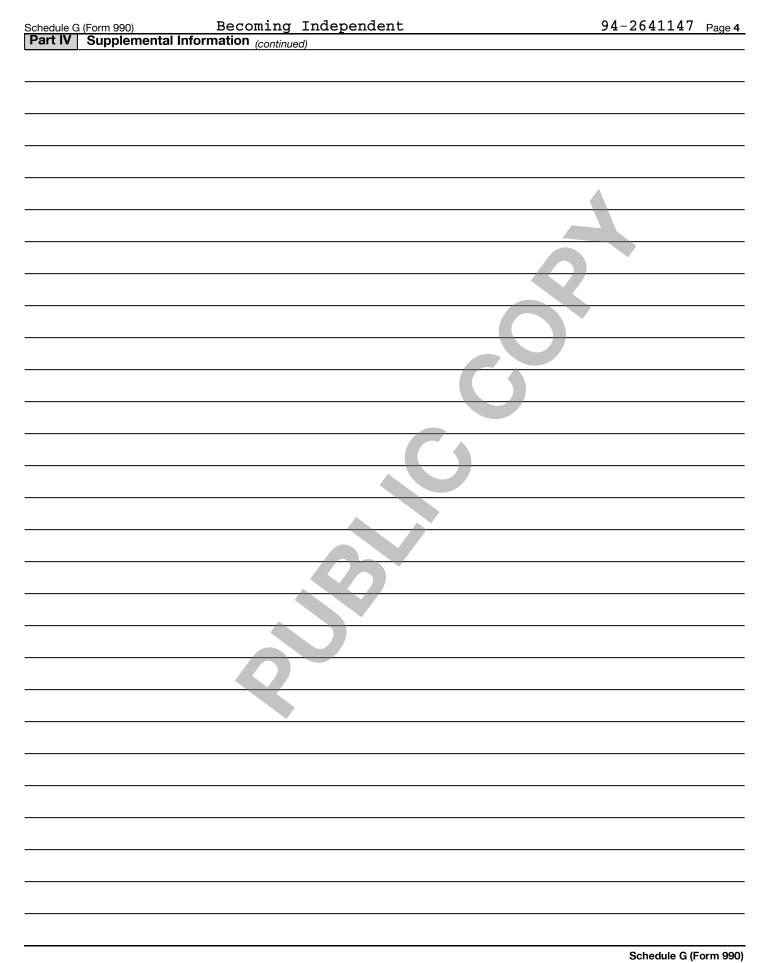
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines i and 60. List e	vents with gross receipt	s greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			Dinner under	Caraba Dand	1	(add col. (a) through				
			the Stars	Crab Feed	(total number)	col. (c))				
e			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	415,482.	113,845.	87,880.	617,207.				
Re	•	aross receipts	110,1010	11370131	0770001	02772077				
	2	Less: Contributions	255,756.	14,334.	10,980.	281,070.				
	3	Gross income (line 1 minus line 2)	159,726.	99,511.	76,900.	336,137.				
	4	Cash prizes								
	5	Noncash prizes	55,668.	9,134.	9,858.	74,660.				
es	Ū	Tronsday prizes	30,000	2,1221	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. = / 0000				
Direct Expenses	6	Rent/facility costs								
Exp										
ect	7	Food and beverages	35,872.	13,000.	7,500.	56,372.				
ġ					7 500	7 500				
		Entertainment Other direct consenses	38,794.	9,000.	7,500. 8,666.	7,500. 56,460.				
		Other direct expenses				194,992.				
		Net income summary. Subtract line 10 from lin				141,145.				
Pa	Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than									
		\$15,000 on Form 990-EZ, line 6a.								
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add				
Revenue			., ,	bingo/progressive bingo	() 0	col. (a) through col. (c)				
Re	_	0								
		Gross revenue								
	2	Cash prizes								
Jses										
xpe	3	Noncash prizes								
Direct Expenses										
Dire	4	Rent/facility costs								
	5	Other direct expenses								
			Yes %	Yes %	Yes %					
	6	Volunteer labor	No No	No No	No No					
	7	Direct expense summary. Add lines 2 through	5 in column (d)							
	•	Not receive in the control of the co	Constant Para de la constant (all)							
	ŏ	Net gaming income summary. Subtract line 7	nom line i, column (d)							
9	Ent	er the state(s) in which the organization condu	cts gaming activities:							
		he organization licensed to conduct gaming ac	_	states?		Yes No				
b	If "	No," explain:								
		and the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the section in the second section is a section in the section in the section in the section is a section in the section is a section in the sec	l. al access to the second							
		ere any of the organization's gaming licenses re		-	/ear/	Yes No				
D	"	Yes," explain:								
	_									

Schedule G (Form 990) 2023

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Sch	edule G (Form 990) 2023 Becoming Independent	94-2	<u>64114'</u>	7 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:		100	140
			ا ء٥٠	0.4
	The organization's facility		13a	<u>%</u>
	An outside facility		13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:		
	Name			
		A		
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the am	ount		
-	of gaming revenue retained by the third party \$	Jane		
_	· · · · · · · · · · · · · · · · · · ·			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Calming manager compensation —————			
	Description of continue provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by 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 information. See instructions.	a. r unt	,	22, 100,
	100, 100, 10, and 110, as approache. The provide any additional information. One methodistrib.			



SCHEDULE J (Form 990)

Department of the Treasury

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Becoming Independent

Employer identification number 94-2641147

Pa	rt 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)			l			
				l			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the 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.			l			
	Compensation committee 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:	_		37			
a	Receive a severance payment or change-of-control payment?	4a 4b		X			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?						
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X			
	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.			l			
5							
_	contingent on the revenues of:	En		Х			
	The organization? Any related organization?	5a 5b		X			
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l			
U	contingent on the net earnings of:						
a		6a		х			
	The organization? Any related organization?	6b		X			
J	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	0.0					
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		х			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	•					
5	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					

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

Schedule J (Form 990) 2023

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

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

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

	(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) Luana Vaetoe	(i)	321,964.	35,437.	0.	11,250.	6,761.	375,412.	0.
Chief Executive Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Paula Kraus Finley	(i)	211,705.	11,601.	0.	8,492.	6,501.	238,299.	0.
Chief of Services	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Jeffrey Woods	(i)	163,487.	4,088.	0.	5,986.	5,146.	178,707.	0.
CFO - Ended 10/31/2023	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection
Employer identification number

	Becoming Ind	94-2641147							
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	nor	(d Method of d ncash contrib	etermin		s
1	Art - Works of art			, , ,					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock				7				
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	41	16,006.	Dono	r Provi	<u>lded</u>		
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (Experiences)	X	94	55,410.					
26	Other (Supplies)	X	1			r provi			
27	Other (Rentals)	X	1	227.	Dono	r provi	<u>lded</u>		
28	Other (
29	Number of Forms 8283 received by the organiz	_	•						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29					Γ
	5							Yes	No
30a	During the year, did the organization receive by				-	at it			
	must hold for at least 3 years from the date of						00-		х
	exempt purposes for the entire holding period?	,					30a		
b	If "Yes," describe the arrangement in Part II.	aliau that ra	autica tha ravious	of any papatondard contribu	tiono		0.4	v	
31	Does the organization have a gift acceptance p	-	•	•	HOUS!		31	X	
32a							20-		x
L							32a		_^
	If "Yes," describe in Part II.	olumo (a) f-:	o tupo of propert	for which column (a) is also	okod				
33	If the organization didn't report an amount in co	oluttiti (C) f0f	a type of property	nor writeri column (a) is che	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

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SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
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:

intellectual and developmental disabilities in pursuit of work, living

and educational opportunities. In addition to 3 core areas of focus

(education, employment and living services) BI organizes a variety of

events annually open to the public, including our annual talent show,

BI Olympics, bowling tournaments as well as fundraisers such as our

Annual Dinner Under the Stars Gala, Luau, and Crab Feed.

Form 990, Part VI, Section A, line 2:

A family member of the Executive Director is a Key Employee.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023

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