PUBLIC DISCLOSURE COPY

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ARMANINO^{LLP}

12657 Alcosta Blvd., Suite 500 San Ramon, CA 94583 ph 925.790.2600 fx 925.790.2601

Form 990

** PUBLIC DISCLOSURE COPY ** **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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
0004
2021
Open to Public
Inspection
mapection

AF	or the	2021 calendar year, or tax year beginning JUL 1, 2021 and	ending J	UN 30, 2022				
B c	heck if pplicable	C Name of organization		D Employer identif	ication number			
	Addres change	s BEYOND EMANCIPATION						
	Name change	Doing business as		94-3219520				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	er			
	Final return/	675 HEGENBERGER ROAD, SUITE 100		510-667-769	1			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,938,399.			
	Amend return	ed OAKLAND, CA 94621		H(a) Is this a group r	eturn			
	Applica	F Name and address of principal officer: VANETTA COMMSON		for subordinate	s? Yes X No			
	pending	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No			
		mpt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1)	or 🗌 527	If "No," attach a	a list. See instructions			
		e: • WWW.BEYONDEMANCIPATION.ORG		H(c) Group exemption	on number 🕨			
KF	orm of	organization: 🗴 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 1995	M State of legal domicile: CA			
Pa		Summary						
	1 8	Briefly describe the organization's mission or most significant activities: $\underline{\tt BE'S}$ M	ISSION IS	5 TO SUPPORT YOUN	G			
Governance		PEOPLE AS THEY IMAGINE AND CREATE THEIR OWN LIFE BEYOND FOST						
rna	2 (Check this box 🕨 🥅 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.			
ove.	3 1	Number of voting members of the governing body (Part VI, line 1a)			12			
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		12				
8 8	5 1	Fotal number of individuals employed in calendar year 2021 (Part V, line 2a)		37				
/itie	6 1	Fotal number of volunteers (estimate if necessary)		6	40			
Activities &		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.			
_ <	d	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.			
				Prior Year	Current Year			
Ð	8 (Contributions and grants (Part VIII, line 1h)		2,519,991.	4,324,055.			
nue	9 F	Program service revenue (Part VIII, line 2g)		707,720.	613,271.			
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,593.	1,073.			
£	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,709.				
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,232,013.	4,938,399.			
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		180,489.	152,023.			
	1 4 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15 \$	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,190,383.	2,477,016.			
nse	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		7,838.	0.			
Expenses	b	Fotal fundraising expenses (Part IX, column (D), line 25)	816.					
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		726,258.	,			
	18 1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,104,968.	3,324,323.			
	19 F	Revenue less expenses. Subtract line 18 from line 12		127,045.	1,614,076.			
OC			Be	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20 1	Fotal assets (Part X, line 16)		1,722,897.	2,894,237.			
	21 1	Fotal liabilities (Part X, line 26)		589,440.	146,704.			
		Net assets or fund balances. Subtract line 21 from line 20		1,133,457.	2,747,533.			
Pa	nrt II	Signature Block						
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of m	y knowledge and belief, it is			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date				
Here	VANETTA JOHNSON, EXECUTIVE DIRECT	OR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	MATTHEW PETROSKI	MATTHEW PETROSKI	04/11/23	3 self-employed	P00853132			
Preparer	Firm's name ARMANINO LLP			Firm's EIN 🕨 🦻	4-6214841			
Use Only	Firm's address 🕨 12657 ALCOSTA BLVD, STE.	500						
	SAN RAMON, CA 94583-4600			Phone no.925-79	90-2600			
May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	2001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) BEYOND EMANCIPATION T III Statement of Program Service Accomplishments	94-3219520	Pag
u	Check if Schedule O contains a response or note to any line in this Part III		٦
	Briefly describe the organization's mission:		L
	TO SUPPORT YOUNG PEOPLE AS THEY IMAGINE AND CREATE THEIR OWN LIFE		
	BEYOND FOSTER CARE.		
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.		Yes X
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.	s, the total expension	ses, and
а	(Code:) (Expenses \$951,393. including grants of \$87,638.) (Revenue		613,271
-	THE ORGANIZATION (B:E) PROVIDES THREE TRANSITIONAL HOUSING MODELS:		,
	COMMUNITY HOUSING PROVIDES ON-SITE SUPPORTIVE SERVICES IN A PEER		
	COMMUNITY SETTING; HOST HOUSING PLACES YOUTH WITH A HOST FAMILY TO		
	PROMOTE CONNECTIVITY AND SUPPORTIVE RELATIONSHIPS; AND B:E ADMINISTERS		
	AND SUPPORTS YOUTH IN A HOUSING VOUCHER PROGRAM. IN FY21-22 B:E		
	PROVIDED TRANSITIONAL HOUSING FOR 49 YOUTH AGES AND 20 CHILDREN, AND PROVIDED 227 YOUTH WITH HOUSING SUPPORT.		
	FROVIDED 227 TOOTH WITH HOUSING SUFFORT.		
łb	(Code:) (Expenses \$	e\$	
	EDUCATION AND CAREER: THE ORGANIZATION'S (B:E)'S PROGRAMS SUPPORT YOUTH		
	TO COMPLETE HIGH SCHOOL, SECURE THEIR DIPLOMA OR GED, AND SUCCESSFULLY		
	PURSUE POST-SECONDARY EDUCATION, INCLUDING COMMUNITY COLLEGE, FOUR-YEAR DEGREE PROGRAMS, AND CAREER AND TECHNICAL EDUCATION. IN FY221-22, B:E		
	SUPPORTED 286 YOUTH WITH EDUCATION SERVICES, 110 OF WHOM WERE INVOLVED		
	IN B2B, B:E'S COLLEGE SUPPORT PROGRAM.		
	·		
	() () () () () () () () () ()		
łc	(Code:) (Expenses \$ 972,698. including grants of \$ 32,499.) (Revenue LIFE SKILLS PROGRAM: THE LIFE SKILLS PROGRAM SUPPORTS YOUTH AGES 14-21	e\$	
	WHO ARE STILL IN FOSTER CARE. TO HELP THEM BUILD THE SKILLS AND		
	SUPPORTS NEEDED TO ENSURE A SUCCESSFUL TRANSITION FROM THE FOSTER CARE		
	SYSTEM TO ADULTHOOD. PROGRAM COMPONENTS INCLUDE 1:1 AND GROUP		
	ACTIVITIES THAT EMPHASIZE SECONDARY SCHOOL COMPLETION, COLLEGE		
	READINESS, CAREER EXPLORATION, FINANCIAL LITERACY, HEALTH AND WELLNESS,		
	IDENTITY FORMATION AND BUILDING COMMUNITY. IN FY21-22, B:E SERVED 258		
	YOUTH IN THIS PROGRAM.		
łd	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
1e	Total program service expenses 2,374,987.	/	
_		F	orm 990 (2
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BEYOND EMANCIPATION

Par	t IV Checklist of Required Schedules			3-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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			
3		3		x
4	public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions			<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
~~	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	<u> </u>	<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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BEYOND EMANCIPATION

Pa	t IV Checklist of Required Schedules (continued)		F	aye
Ta	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	Х	<u> </u>
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		x
32	Did the organization requidate, terminate, or dissolve and cease operations: <i>If yes, complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	- 51		
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
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?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
1 0				
	Check if Schedule O contains a response or note to any line in this Part V		V- -	
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14		Yes	No
		-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b ⁰ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		4.0	х	
10000	(gambling) winnings to prize winners?	1c		l (2021)
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Form	<u>990 (</u> 2021) BEYOND EMANCIPATION 94-321952	0	Р	age 5	
Par	t 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 37				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	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		Х	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	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).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х	
b	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		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
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 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 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
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				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
с	Enter the amount of reserves on hand 13c				
	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, any disqualified person, or mine operator 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.				
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Form	990 (2021) BEYOND EMANCIPATION		94-321			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and f	or a "No"	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		12		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or			
	more members of the governing body?			. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			. 8a	Х	
	Each committee with authority to act on behalf of the governing body?				Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	'es," d	escribe			
	on Schedule O how this was done			. 12c	Х	
13	Did the organization have a written whistleblower policy?			. 13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ine	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15 a	Х	
b	Other officers or key employees of the organization			. 15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			. 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy,	and finar	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records 🕨 _			
	VANETTA JOHNSON - 510-667-7694					
	675 HEGENBERGER ROAD NO 100, OAKLAND, CA 94621					
132006	12-09-21			Forr	n 990	(2021)
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Form 990 (2	2021) BEYOND EMANCIPATION	94-3219520	Page 7					
Part VII	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 Comple	te 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 a	Il of the organization's current officers, directors, trustees (whether individuals or organizations), re	gardless of amount of compen	sation.					

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per list any fight any fight any line) Openation builties and builties any fight	(A)	(B)	(C)					(D)	(E)	(F)	
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Form 990 (2021)

	990 (2021) BEYOND EMANCI	PATION								94-32	1952	0	P	'age 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
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		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	ie tion ted
	Subtotal								158,228.		0.		6	670.
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.		0.			0.
2	Total number of individuals (including but no compensation from the organization							o re	,	000 of reportable)		,	1
3	Did the organization list any former officer,	director, truste	e, k	key e	empl	oye	e, or	hig	hest compensated empl	oyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	rom	any	unre	elate	ed organization or individ	lual for services		4	X	
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	plete Schedule	e J fo	or sl	ıch ı	oers	on .					5		X
1	Complete this table for your five highest con the organization. Report compensation for t										ensat	ion fro	m	
	(A) Name and business		NO		ig w				(B) Description of s		С	(C ompe		'n
	Total number of independent contraction for		. + II	nite	4+~	the		tool		vro thos				
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	JT IIN	niteo	1 10 1		se lis 0	red	above) who received mo	bre than		Form	990 (2021)

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a	t VIII									F
		Check if Schedule O	conta	ins a resp	onse	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - {
ş	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues								
ũ		Fundraising events								
ΓA		Related organizations								
nila		Government grants (contr				2,198,694.				
Si		All other contributions, gifts,		/						
ner	•	similar amounts not included	-			2,125,361.				
ö	g	Noncash contributions included in			\$	10,415.				
pue	•	Total. Add lines 1a-1f					4,324,055.			
0						Business Code	-,,			
	0.0	HOUSING FEES				900099	607,578.	607,578.		
	2 a	PROGRAM RELATED REN	Ͳ ΔΤ.			900099	5,693.	5,693.		
ne	b					300033	5,095.	5,095.		
/en	с									
Revenue	d									
]	e									
		All other program service					(12.054			
		Total. Add lines 2a-2f					613,271.			
	3	Investment income (includ	•							
		other similar amounts)				🕨	1,073.			1,0
	4	Income from investment of	of tax	exempt b	ond p	roceeds 🕨 🕨				
	5	Royalties				►				
				(i) Rea	al	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss)			>				
	7 a	Gross amount from sales of		(i) Secur	ities	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
2		and sales expenses	7b							
	c	Gain or (loss)	70							
		Net gain or (loss)								
		Gross income from fundraisi			·····					
	0 a	including \$	-	-						
'										
		contributions reported on								
		Part IV, line 18								
		Less: direct expenses								
		Net income or (loss) from				▶				
	9 a	Gross income from gamin	-							
		Part IV, line 19								
		Less: direct expenses				L				
		Net income or (loss) from			es	▶				
	10 a	Gross sales of inventory, I								
		and allowances								
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	of invento	ory	🕨				
	_		_		_	Business Code				
ð	11 a									
nu(b									
Revenue	с									
Ř		All other revenue								
		Total. Add lines 11a-11d								
	~			<u></u>				613,271.	0.	1,0

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BEYOND EMANCIPATION

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Secti	ion 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All other	organizations must corr	nplete column (A).	
	Check if Schedule O contains a response	e or note to any line in tl	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	152,023.	152,023.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	164,829.	54,393.	91,480.	18,9
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	1,834,806.	1,147,549.	461,138.	226,1
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	40,128.	24,139.	11,066.	4,9
9	Other employee benefits	271,625.	140,071.	102,248.	29,3
10	Payroll taxes	165,628.	99,495.	45,754.	20,3
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	96,276.		96,276.	
d	Lobbying				
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.)	123,734.	72,914.	35,413.	15,4
12	Advertising and promotion				
13	Office expenses	198,184.	54,783.	126,752.	16,6
14	Information technology	31,210.		31,210.	
15	Royalties				
16	Occupancy	226,240.	159,934.	66,306.	
17	Travel	2,564.	2,546.	18.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,425.	1,732.	6,429.	2
20	Interest	196.		196.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,598.		2,999.	1,5
23	Insurance	3,857.	105.	3,752.	
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.)			40.540	
а	FACILITIES/IT COST ALLO	0.	-73,956.	40,742.	33,2
b	ADMIN COST ALLOCATION	0.	539,259.	-539,259.	
С					
d					
	All other expenses				
е	Total functional expenses. Add lines 1 through 24e	3,324,323.	2,374,987.	582,520.	366,8

 25 rotal functional expenses. Add lines 1 dirough 24e
 3, 3
 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)

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Form 990 (2021)

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BEYOND EMANCIPATION

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			818,279.	1	1,266,542.
	2	Savings and temporary cash investments			254,380.	2	410,901.
	3	Pledges and grants receivable, net				з	562,500.
	4	Accounts receivable, net			550,435.	4	557,280.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	B			79,296.	9	61,695.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	61,600.			
	b	Less: accumulated depreciation		44,590.	2,198.	10c	17,010.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		18,309.	15	18,309.	
	16	Total assets. Add lines 1 through 15 (must equ			1,722,897.	16	2,894,237.
	17	Accounts payable and accrued expenses			130,315.	17	118,663.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I			22,098.	21	21,752.
	22	Loans and other payables to any current or form			,		,
Liabilities		trustee, key employee, creator or founder, subst					
ilidi		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D	,	·	437,027.	25	6,289.
	26	Total liabilities. Add lines 17 through 25			589,440.	26	146,704.
		Organizations that follow FASB ASC 958, che	ck here	► X	· · · ·		
es		and complete lines 27, 28, 32, and 33.		· —			
anc	27				1,033,442.	27	1,900,455.
Bala	28	Net assets with donor restrictions		Γ	100,015.	28	847,078.
Ιpc		Organizations that do not follow FASB ASC 9					
Бu		and complete lines 29 through 33.					
p	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,133,457.	32	2,747,533.
2	33	Total liabilities and net assets/fund balances			1,722,897.	33	2,894,237.

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Form 990 (2021)

Part X Balance Sheet

Form	990 (2021) BEYOND EMANCIPATION	94-321952	0	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				4
	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	4,	938,	399.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	324,	323.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	614,	076.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	133,	457.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	2,	747,	533.
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>		
				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	0.			
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	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb		
			E a una d	uuri	(0001)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2021
Open to Public

Inspection

Name	eor	the organization	ENANGIDATION					Employer	
Par	+ 1	Reason for Public (EMANCIPATION	(All organizations must a	omploto ti	aic part) S	oo instruction	6	94-3219520
								5.	
r	rgan	ization is not a private found					()/ A \/:\		
1 0	-	A church, convention of ch	,)(a)011 ng	I)(A)(I).		
2		A school described in sect		· · ·		\/_\/ _ \/:	::)		
3 [A hospital or a cooperative						V:::) Entor	the beenitel's name
4 [A medical research organiz	ation operated in col	njunction with a nospital	described	Sectio	A)(1)(a)011 no)(III). Enter	the hospital's hame,
- [_	city, and state:	ar the henefit of a cal		0× 000×0t		vornmontol u	nit describe	
5 [An organization operated for		liege of university owned	or operat	eu by a go	vernmentaru	nit describe	
a [section 170(b)(1)(A)(iv). (C							
6 [_ [A federal, state, or local gov	-						
7 [X	An organization that norma		ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	Sublic described in
•	_	section 170(b)(1)(A)(vi). (C							
8 [A community trust describe			-				
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	e or
	_	university:							
10 [An organization that norma	•				-	•	•
		activities related to its exem							
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
[See section 509(a)(2). (Con					/ . / .		
11 [An organization organized a			•				
12		An organization organized a		-	-			-	
		more publicly supported or	-						Check the box on
	_	lines 12a through 12d that	• •			-		-	
а		Type I. A supporting orga	-	-	• • • •	-			
		the supported organization			majority c	of the direc	ctors or truste	es of the su	ipporting
	_	organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	oorted
		organization(s). You mus	•						
С		_ Type III functionally inte						ly integrate	ed with,
		its supported organization							
d		Type III non-functionally						-	
		that is not functionally int		• •	•		-	an attentiv	/eness
		requirement (see instructi	,	•	-				
е		Check this box if the orga					Type I, Type	II, Type III	
	-	functionally integrated, or							
		er the number of supported o	•						
g		vide the following informatior (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	fmonetarv	(vi) Amount of other
	`	organization	(,	(described on lines 1-10	in your governi Yes	ing document? No	support (see in	-	support (see instructions)
		-		above (see instructions))	165				
				1		1	1		1

BEYOND EMANCIPATION

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Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(0) 2017	(6) 2010	(6) 2010	(d) 2020		(i) rotai
•	membership fees received. (Do not						
	include any "unucuel grante")	3,073,633.	2,171,213.	2,093,875.	2,519,991.	4,324,055.	14,182,767.
2	Tax revenues levied for the organ-	-,	_,		-,,	-,,	,,
2	ization's benefit and either paid to						
	or expended on its behalf						
2	· · · · · · · · · · · · · · · · · · ·						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	89,959.	95,043.	95,839.	87,993.	99,639.	468,473.
		3,163,592.	2,266,256.	2,189,714.	2,607,984.	4,423,694.	14,651,240.
	Total. Add lines 1 through 3	5,105,552.	2,200,250.	2,109,714.	2,007,904.	4,425,094.	14,051,240.
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)						50,754.
	Public support. Subtract line 5 from line 4.						14,600,486.
	ction B. Total Support					I	
	ndar year (or fiscal year beginning in) 🕨 📙	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	3,163,592.	2,266,256.	2,189,714.	2,607,984.	4,423,694.	14,651,240.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,314.	5,305.	2,500.	2,593.	1,073.	16,785.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		1,075.				1,075.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			41,486.	1,709.		43,195.
11	Total support. Add lines 7 through 10						14,712,295.
12	Gross receipts from related activities,	etc. (see instructior	าร)			12	3,951,664.
13	First 5 years. If the Form 990 is for the	e organization's firs	t, second, third, fo	urth, or fifth tax ye	ear as a section 50	D1(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Public	: Support Perc	entage				
14	Public support percentage for 2021 (lir	ne 6, column (f), div	vided by line 11, co	lumn (f))		14	99.24 %
15	Public support percentage from 2020	Schedule A, Part II	, line 14			15	94.79 %
	33 1/3% support test - 2021. If the o					ore, check this box	and
	stop here. The organization qualifies a	as a publicly suppo	rted organization				► X
b	33 1/3% support test - 2020. If the o	rganization did not					
	and stop here. The organization qualit						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances tes			-	-		
	10% -facts-and-circumstances test	-				7a, and line 15 is 1	0% or
h							2,30
b	more and if the organization meets the	e facts-and-circums	stances test check	this box and eto	n here. ⊢vnlain ir	Part VI how the	
b	more, and if the organization meets the						
	more, and if the organization meets the organization meets the facts-and-circu Private foundation. If the organization	mstances test. The	organization quali	fies as a publicly s	supported organiz	ation	>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organ	ization,
	check this box and stop here	<u></u>					>
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20			line 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the						ine 17 is not
	more than 33 1/3%, check this box a						>
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						tion
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
13202	23 01-04-22		16	5		Sched	lule A (Form 990) 2021

1

2

3a

3b

3c

Yes No

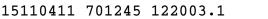
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Sche	edule A (Form 990) 2021 BEYOND EMANCIPATION	94-3
Ра	rt IV Supporting Organizations (continued)	
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?	
b	A family member of a person described on line 11a above?	
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.	
Sec	tion B. Type I Supporting Organizations	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o	
	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 sup	ported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	g the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	

Did the organization operate for the benefit of any supported organization other than the supported 2 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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).

Section D. All Type III Supporting Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization	is the parent of	f each of its supported	d organizations.	Complete line 3 below.
---	--	------------------	------------------	-------------------------	------------------	------------------------

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

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

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11a 11b

11c

1

2

1

Yes No

Yes

Yes No

No

18 2021.05070 BEYOND EMANCIPATION Yes No

	dule A (Form 990) 2021 BEYOND EMANCIPATION	a Oraoni	- ationo	94-3219520 Pa
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			$_{7}$ Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus	st complete s	Sections A through E.	
ect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

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_	dule A (Form 990) 2021 BEYOND EMANCIPATION				94-3219520 Page 7
Par		(a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		-	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		•	
	(provide details in Part VI). See instructions.			<u>8</u> 9	
9	Distributable amount for 2021 from Section C, line 6				
10	Line 8 amount divided by line 9 amount	(i)	(;;)	10	/;;;)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	BEYOND	EMANCIPATION	94-3219520	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines line 1; Part IV, Section D,	1, 2, 3b, 3c, , lines 2 and	Provide the explanations required by Part II, line 10; Part II, line 17a 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa t V, Section E, lines 2, 5, and 6. Also complete this part for any add	es 1 and 2; Part IV, Sectior art V, Section B, line 1e; Pa	n C,
132028 01-04-2	2		01	Schedule A (Form 9	990) 202 [.]
			21		

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

94-3219520

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

BEYOND EMANCIPATION

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

	3 (Form 990) (2021)	1-	Page 2
Name of o	rganization	E	mployer identification number
BEYOND E	MANCIPATION		94-3219520
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$450,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$400,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$150,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$102,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$100,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,00	Person X Payroll Noncash IO. (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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	B (Form 990) (2021)	1-	Page 2
Name of o	rganization	En	ployer identification number
BEYOND E	EMANCIPATION		94-3219520
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,761,667	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
BEYOND E	MANCIPATION		94-3219520
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

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Schedule B (Form 990) (2021)

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26 2021.05070 BEYOND EMANCIPATION

122003.1

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Schedule E	B (Form 990) (2021)		Page 4
Name of or	rganization		Employer identification number
BEYOND E	MANCIPATION		94-3219520
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	hthrough (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	n
-	Transferee's name, address, ar		Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Ī		(e) Transfer of gif	tt
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (2021)

Department of the Treasury Internal Revenue Service Name of the organization

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.



Employer	identification	number
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94-	321	9520	
2 -	277	5520	

	BEYOND EMANCIPATION		94-3219520
Par			counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conferr	ing
_	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education)	prically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the organi	zation during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conservatio	on easements during the year
7	Amount of ownerses incurred in monitoring, increating, here	dling of violations, and enforcing concernation and	coments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand \$		sements during the year
8	Does each conservation easement reported on line 2(d) above	x_{0} satisfy the requirements of section $170(h)(4)(P)$	(i)
0	and section 170(h)(4)(B)(ii)?		VYes No
9	In Part XIII, describe how the organization reports conservati		
5	balance sheet, and include, if applicable, the text of the footr	-	
	organization's accounting for conservation easements.		
Par		f Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form		
1 a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e 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 tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021
	10-28-21		

Sche	dule D (Form 990) 2021 BEYOND EMAI						219520	P	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art, Hi	storical Trea	sures, or	Other S	imilar Asse	ts _{(contin}	nued)	
3	Using the organization's acquisition, accessi	on, and other records, che	eck any of the fol	lowing that r	make signi	icant use of it	S		
	collection items (check all that apply):			U U	Ū				
а	Public exhibition	d	Loan or excha	ange prograr	n				
b	Scholarly research	e [Other						
с	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5			-	-	-				
•	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?						Yes		No
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa		the organization a	answered		111 000, 1 art h	, 1110 0, 01		
10	Is the organization an agent, trustee, custod		or contributions of	or other asse	ts not inclu	Ided			
Ia						_	Yes	X	No
h	on Form 990, Part X?					L	1es		
b	If "Yes," explain the arrangement in Part XIII	and complete the followin	ig table.				Amoun	+	
	5						Amoun		
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance								
	Did the organization include an amount on F				-	L	X Yes		No
	If "Yes," explain the arrangement in Part XIII.							X	
Par	t V Endowment Funds. Complete			-					
		(a) Current year (b	b) Prior year	(c) Two years	back (d)	Three years bac	k (e) Four	r years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balance (line	e 1g, column (a)) h	neld as:					
а	Board designated or quasi-endowment	•	•						
b	Permanent endowment								
		%							
•	The percentages on lines 2a, 2b, and 2c sho	• · -							
3a	Are there endowment funds not in the posse	•	that are held and	administere	d for the o	ragnization			
ou	by:	obion of the organization t		aanninotoro		ganzaton	[Yes	No
	-						3a(i)		
h	(ii) Related organizations								
U A							3b		
4 Dai	t VI Land, Buildings, and Equipm		nt tunas.						
T ai	Complete if the organization answere		+ IV line 11e See	Eorm 000	Dort V line	10			
				ŕ			() =		
	Description of property	(a) Cost or other	(b) Cost o		(c) Accu		(d) Boo	k valu	е
		basis (investment)	basis (of	ther)	depre	ciation			
	Land								
	Buildings								
с	Leasehold improvements			18,000.		15,802.		,	198.
d	Equipment			43,600.		28,788.		14,	812.
e	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X. co	<u>lumn (B), line 10c</u>	<u>.)</u>	<u></u>	►		17,	010.
						Schedu	ile D (Forn	n 990)	2021

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Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Complete if the organization answered "Yes'	on Form 990 Part IV line	11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
			value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(b) Book value
	Description		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		
	on Form 000 Dart IV/ line	11. or 11f Coo Form 000 Dort V line 05	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e of 111. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			6,289
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. <u>(Column (b) must equal Form 990, Part X, col. (B) lin</u>		i	6,289

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) 2021

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Sche	edule D (Form 990) 2021 BEYOND EMANCIPATION			94-3219520	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Re	evenue per Ret	turn.	· <u>3</u> -
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,038,038.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	99,639.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	99,639.
3	Subtract line 2e from line 1			3	4,938,399.
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			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>)</u>			4,938,399.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With E	xpenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total expenses and losses per audited financial statements			1	3,423,962.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	99,639.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d					
е	Add lines 2a through 2d			2e	99,639.
3	Subtract line 2e from line 1			3	3,324,323.
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 1	18.)		5	3,324,323.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			; Part X, line 2; P	art XI,
PAR	F IV, LINE 2B:				
THE	ORGANIZATION IS HOLDING SEVERAL CUSTODIAL FUNDS:				
HOUS	SING - OVERPAYMENT: IN SOME CASES, THE ORGANIZATION IS PA	ID ON A			
PER	YOUTH BASIS, BASED ON YOUTH ENTRY AND EXIT DATES. THIS A	CCOUNT IS USED			
TO I	RECONCILE THESE PAYMENTS, WHICH ARE AT TIMES OVERPAID.				

FISCAL SPONSEE - YOUTH LEADERS: THE YOUTH LEADERSHIP INSTITUTE GAVE B:E A

GRANT FOR A PROJECT FOR ONE OF THE YOUTH. THE BALANCE IS THE REMAINING

AMOUNT TO BE SPENT BY THIS YOUTH.

HOST HOUSING SAVINGS - YOUTH IN THE HOST HOUSING PROGRAM GIVE B:E A

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Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

MONTHLY ALLOTMENT OF FUNDS TO SAVE FOR THEM AS "SAVINGS" UNTIL THEY EXIT.

THE AMOUNT IS RETURNED IN FULL UPON PROGRAM EXIT.

COMMUNITY HOUSING SAVINGS - YOUTH IN THE COMMUNITY HOUSING PROGRAM GIVE

B:E A MONTHLY ALLOTMENT OF FUNDS TO SAVE FOR THEM AS "SAVINGS" UNTIL THEY

EXIT. THE AMOUNT IS RETURNED IN FULL UPON PROGRAM EXIT.

PART X, LINE 2:

B:E IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL

REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED

IN THESE FINANCIAL STATEMENTS. IN ADDITION, B:E QUALIFIES FOR THE

CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN

CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER

SECTION 509(A)(1). UNRELATED BUSINESS INCOME, IF ANY, MAY BE SUBJECT TO

INCOME TAX. MANAGEMENT BELIEVES THAT ALL ACTIVITIES DURING THE YEAR ENDED

JUNE 30 2022 WERE RELATED TO B:E'S EXEMPT PURPOSE AND THEREFORE

DID NOT INCUR ANY UNRELATED BUSINESS INCOME OR RELATED TAXES.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE THE RECOGNITION,

MEASUREMENT, CLASSIFICATION, AND DISCLOSURE IN THE FINANCIAL STATEMENTS OF

UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE

ORGANIZATION'S TAX RETURNS. MANAGEMENT HAS DETERMINED THAT B:E DOES NOT

HAVE ANY UNCERTAIN TAX POSITIONS AND ASSOCIATED UNRECOGNIZED BENEFITS THAT

MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED DISCLOSURES. SINCE

TAX MATTERS ARE SUBJECT TO SOME DEGREE OF UNCERTAINTY, THERE CAN BE NO

ASSURANCE THAT B:E'S TAX RETURNS WILL NOT BE CHALLENGED BY THE TAXING

AUTHORITIES AND THAT B:E WILL NOT BE SUBJECT TO ADDITIONAL TAX PENALTIES

AND INTEREST AS A RESULT OF SUCH CHALLENGE. GENERALLY, B:E'S TAX RETURNS

Schedule D (Form 990) 2021

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BEYOND EMANCIPATION

Part XIII Supplemental Information (continued)

REMAIN OPEN FOR FEDERAL INCOME TAX EXAMINATIONS FOR THREE YEARS FROM THE

DATE OF FILING.

Schedule D (Form 990) 2021

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SCHEDU (Form 99	HEDULE I rm 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							OMB No. 1545-0047	
Department of the Treasury Attach to Form 990.								Open to Public	
Internal Reve	enue Service			Go to www.ii	rs.gov/Form990 fo	or the latest inform	nation.		Inspection
Name of t	the organization	ON BEYOND EMANCI	PATION						Employer identification number 94-3219520
Part I	General In	formation on Grants a	nd Assistance						
		ation maintain records t ward the grants or assis							
2 Des	scribe in Part I	V the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II		d Other Assistance to I nat received more than \$	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
1 (a)		dress of organization rernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Ent	er total numb	er of section 501(c)(3) a	nd government ord	ganizations listed in th	e line 1 table				
		er of other organizations							
		Baduation Act Nation							Schodulo I (Form 000) 2021

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

Schedule I (Form 990) 2021

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					CLOTHING, EMERGENCY FUNDS,
					FOOD AND SUNDRIES, OTHER
DIRECT ASSISTANCE TO CLIENTS	497	92,977.	58,046.	FMV	RELATED ASSISTANCE

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROGRAM PARTICIPANTS RECEIVE FUNDS BASED ON THEIR SPECIFIC PROGRAM

POLICIES. AFTER WE GIVE OUT FUNDS, OUR COACHES CONTINUE TO WORK WITH THE

YOUTH IN THESE PROGRAMS AND DO A HIGH-LEVEL CHECK THAT THEY ARE USING THE

FUNDS FOR THE INTENDED PURPOSE.

WE ALSO GIVE OTHER NON-CASH ASSISTANCE ON AN AS NEED BASIS.

SC	HEDULE J	Compensation Information	I	OMB No.	1545-004	47	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest					
(1 0111 000)		Compensated Employees Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2021			
_			Open to Public				
	tment of the Treasury al Revenue Service		Inspection				
Nam	ne of the organization	Employer ide	nployer identification number				
		BEYOND EMANCIPATION	94-323	19520			
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o		nal use				
	Travel for com						
		cation and gross-up payments					
	Discretionary	spending account Personal services (such as maid, chauffeu	ır, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41			
•		provision of all of the expenses described above? If "No," complete Part III to explain		. <u>1b</u>			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2			
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's					
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but explain in Part III.	51110				
	Compensation						
	·	compensation consultant X Compensation survey or study					
	·	ther organizations	ommittee				
		· · · · · ·					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а	Receive a severance payment or change-of-control payment?					X	
b	Participate in or rec		. 4b		X		
с	Participate in or receive payment from an equity-based compensation arrangement?					X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
_		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r			_		v	
a	The organization?			<u>5a</u>		X X	
b		ation?		5b			
•		or 5b, describe in Part III.	-				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
•	contingent on the r			6a		x	
	Any related organization?					x	
U		or 6b, describe in Part III.		6b			
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
•		nes 5 and 6? If "Yes," describe in Part III		7		x	
8							
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					x	
9		id the organization also follow the rebuttable presumption procedure described in		. 8			
-	Regulations section 53.4958-6(c)?						
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forr	n 990	2021	

132111 11-02-21

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) VANETTA JOHNSON	(i) _	145,038.	0.	13,190.	384.	6,286.	164,898.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i) _							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
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	ii)							
	(i)							
	ii)							
	(i)							
	ii) (i)							
	(I) [ii]							
	11) (i)							
	() ii)							
	(i)							
	() ii)							

Schedule J (Form 990) 2021

Page 3

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.

PART I, LINE 3:

BEYOND EMANCIPATION STAFF REVIEWS A CURRENT NONPROFIT COMPENSATION

ASSOCIATES SURVEY TO MAKE A RECOMMENDATION TO THE BOARD ON COMPENSATION FOR

THE EXECUTIVE DIRECTOR. THE BOARD REVIEWS AND APPROVES THE RECOMMENDATION.

ALL OTHER STAFF SALARIES ARE SUBJECT TO THE SAME MARKET RESEARCH PROCESS

BUT ARE RECOMMENDED TO AND APPROVED BY THE EXECUTIVE DIRECTOR. SALARY AND

BUDGET DECISIONS ARE DOCUMENTED IN THE BOARD MINUTES.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.



Employer identification number 94-3219520

BEYOND EMANCIPATION

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

WE ENVISION A MORE EQUITABLE WORKD WHERE ALL YOUNG PEOPLE WITH

EXPERIENCE IN FOSTER CARE THRIVE AS ADULTS. BE SERVES MORE THAN 500

ALAMEDA COUNTY YOUTH AGES 14-24 EACH YEAR. WITHOUT ASSISTANCE, AS THEY

TRANSITION INTO ADULTHOOD, THESE YOUNG PEOPLE FACE EXTREMELY HIGH RATES

OF POVERTY, UNEMPLOYMENT, HOMELESSNESS, AND INCARCERATION.

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

THE EXECUTIVE DIRECTOR, THE DIRECTOR OF FINANCE, AND THE FINANCE COMMITTEE

OF THE BOARD OF DIRECTORS REVIEW THE FORM PRIOR TO ITS FILING. ALL BOARD

MEMBERS RECEIVE A COMPLETE COPY OF THE FORM 990 BEFORE IT IS FILED.

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

THE BOARD PERFORMS AN ANNUAL REVIEW OF THE POLICY AND AMENDS THE POLICY AS

APPROPRIATE IN ADDITION, THE BOARD PERFORMS A REVIEW OF ANNUAL DISCLOSURE

QUESTIONNAIRES RECEIVED UNDER THIS POLICY AND CONSIDERS APPROPRIATE ACTIONS

TO PROMOTE COMPLIANCE WITH THIS POLICY IF A POTENTIAL CONFLICT OF INTEREST

EXISTS, THE PERSON INVOLVED IS RECUSED FROM VOTING OR PARTICIPATION IN THE

DISCUSSION.

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

THE BOARD REVIEWS A CURRENT NONPROFIT COMPENSATION ASSOCIATES SURVEY TO

DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE BOARD'S DELIBERATION

AND DECISION ARE DOCUMENTED IN THE BOARD MINUTES. SALARIES OF TOP

MANAGEMENT OFFICIALS ARE RECOMMENDED BY THE EXECUTIVE DIRECTOR AND ARE

APPROVED BY THE BOARD.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 39

Schedule O (Form 990) 2021		Page 2
Name of the organization BEYOND EMANCIPATION		Employer identification number 94-3219520
FORM 990, PART VI, SECTION C, LINE 19:		
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLIC	Y, AND FINANCIAL STATEMENTS	
ARE AVAILABLE UPON REQUEST.		
132212 11-11-21		Schedule O (Form 990) 2021
10411 701045 100000 1	40 2021 05070 REVOND EMANC	
.10411 701245 122003.1	2021.05070 BEYOND EMANC	CIPATION 12200