PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 3147670

Return of Organization Exempt From Income Tax

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

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

Open to Public

AF	or the	2021 calendar year, or tax year beginning	JL 1, 2021 and	ending J	UN 30, 2022	2				
B c	heck if oplicabl	C Name of organization			D Employe	r identific	cation number			
	Addre chang	ON BEING PROJECT								
	Name chang	Doing business as			46-2	775553				
	Initial return Final	Number and street (or P.O. box if mail is not de 1619 HENNEPIN AVENUE SOUTH	livered to street address)	Room/suite	E Telephon	e number 34-3859				
	Jreturn, termin ated	City or town, state or province, country, and	7ID or foreign postal code		G Gross receip	te \$	7,513,693.			
	7Amen	, , , , , , , , , , , , , , , , , , , ,	zir di loreign postal code							
	return Application	<u> </u>	na mtddcmm		H(a) Is this a					
	⊥tion pendir	F Name and address of principal officer: KRIS' SAME AS C ABOVE	IA IIIIEII			ordinates'				
			4		1		cluded? Yes No			
				or 527	1		list. See instructions			
		e: WWW.ONBEING.ORG			H(c) Group		•			
	orm of i rt I	organization: X Corporation Trust As Summary	ssociation Other	L Year	of formation: 2	013 N	1 State of legal domicile: MN			
			ON PET	NC DDOTEC	TO AN					
Governance		Briefly describe the organization's mission or most INDEPENDENT NONPROFIT MEDIA AND PUBLI		NG FROOL	.1 15 AN					
rna	2	Check this box 🕨 🔙 if the organization disco	ntinued its operations or dispos	sed of more	than 25% of it	ts net ass	ets.			
) Ve	3	Number of voting members of the governing body	(Part VI, line 1a)			3	4			
	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4	3			
တ္တ		Total number of individuals employed in calendar y					22			
iţie		Total number of volunteers (estimate if necessary)					3			
Activities &		Total unrelated business revenue from Part VIII, co					0.			
Ā		Net unrelated business taxable income from Form					0.			
					Prior Yea		Current Year			
	8	Contributions and grants (Part VIII, line 1h)			6,47	9,643.	6,923,947.			
Revenue					32	0,843.	574,289.			
š		Investment income (Part VIII, column (A), lines 3, 4			9,993.	8,936.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c				2,170.	6,521.			
		Total revenue - add lines 8 through 11 (must equal			2,649.	7,513,693.				
		Grants and similar amounts paid (Part IX, column (•	0.	0.				
		Benefits paid to or for members (Part IX, column (A		0.	0.					
		Salaries, other compensation, employee benefits (I			2,294,696.		2,801,853.			
Expenses		Professional fundraising fees (Part IX, column (A), I			0.		0.			
en		Total fundraising expenses (Part IX, column (D), lin								
Ä		Other expenses (Part IX, column (A), lines 11a-11d			2 11	8,587.	2,304,075.			
		Total expenses. Add lines 13-17 (must equal Part I				3,283.	5,105,928.			
		Revenue less expenses. Subtract line 18 from line			•	9,366.	2,407,765.			
_ s		neveride less expenses. Subtract line 10 from line	12		ginning of Curr		End of Year			
t Assets or d Balances	20	Total assets (Part X, line 16)				2,676.	10,611,458.			
Asse Bala	21	Total liabilities (Part X, line 26)				0,723.	444,455.			
Net /		Net assets or fund balances. Subtract line 21 from	line 20			1,953.	10,167,003.			
	rt II	Signature Block	III le 20		.,	_,,,,,,	20,207,000,			
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents and to the	hest of my	knowledge and helief it is			
		t, and complete. Declaration of preparer (other than office				-	Milowidago ana bollot, it io			
11 40,	001100	L Complete: Bookington of property (external effect	n) io bassa sii ali lilloi lilatisii si ili	non properor	That any knowns	ugo.				
Sigr		Signature of officer			Date					
Her		KRISTA TIPPETT, PRESIDENT								
Hei	=	Type or print name and title								
		, ,, ,	Drangrarie cianatura	TI	Date	Check	PTIN			
Paid		Print/Type preparer's name HEIDI GRINDE	Preparer's signature HEIDI GRINDE		3/27/23	if				
			LILIDI ORTRDE	ν		self-employe	41-0746749			
Prep			300		Firm's EIN ► 41-0746					
Use	Ulliy	, , , , , , , , , , , , , , , , , , , ,	300		Dt	no no 61 o	-376-4500			
N/-	+b = "	,	MINNEAPOLIS, MN 55402							

Form 990 (2021) ON BEING PROJECT 46-2775553 Page **2**

Pai	rt III Statement of Progra	m Service Accomplishments		
		ins a response or note to any line in this Part II	<u> </u>	X
1	Briefly describe the organization' THE ON BEING PROJECT'S M	s mission: ISSION IS TO PURSUE DEEP THINKING A	AND MORAL	
		AGE AND JOY, TO RENEW INNER LIFE, (
		ODUCE THE AWARD-WINNING GLOBAL POD		
		TT AND AN EXPANDING PORTFOLIO OF CO		
2		ny significant program services during the year	·	
_	•			Yes X No
	If "Yes," describe these new serv			
3	•	ucting, or make significant changes in how it co	onducts, any program services?	Yes X No
•	If "Yes," describe these changes			
4		ram service accomplishments for each of its th	ree largest program services, as measured	l by expenses.
		ganizations are required to report the amount		•
	revenue, if any, for each program		,	,
4a	(Code:) (Expenses \$	3,995,167. including grants of \$	0 .) (Revenue \$	574,289.)
	THE ON BEING PROJECT HOL	DS A DISTINCT SPACE IN THE MEDIA LA		
	SPACE THAT GATHERS PEOPL	E TOGETHER ACROSS THE SAME BOUNDAR:	IES THAT HAVE	
	BEEN CALCIFYING IN THE C	ULTURE AT LARGE. IN FY22, AFTER CLO	OSE TO 20	
	YEARS OF BEING ANCHORED	AROUND WEEKLY PRODUCTION OF "ON BE	ING" FOR	
	PUBLIC RADIO AND PODCAST	, WE EMBARKED ON AN AMBITIOUS NEW 1	PHASE OF OUR	
	WORK ORIENTED AROUND SEA	SONS OF PODCAST PRODUCTION, CONTEN	r and	
	RESOURCE INNOVATION, ENG	AGEMENT AND CONVENINGS. THESE ARE	EMERGING	
	UNDER THREE PILLARS: ON	BEING STUDIOS (CONTENT THAT NOURIS)	HES	
	AND REPLENISHES), LAB FO	R THE ART OF LIVING (TOOLS AND EXT	ENSIONS THAT	
	HELP PEOPLE RESHAPE THEI	R PRESENCE), AND QUIET CONVERSATION	NS &	
	GATHERINGS (IN-PERSON AN	D DIGITAL GATHERINGS IN SUPPORT OF	REMAKING	
	LIFE TOGETHER). THROUGH	THESE INTEGRATED OFFERINGS OF ACCO	MPANIMENT,	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-			
	-			
				
			·	
	Other program conject (Describ	on Schodulo ()		
4d		,	\ /Pausaus f	1
46	(Expenses \$ Total program service expenses	including grants of \$ 3,995,167.) (Revenue \$	
4e	rotal program service expenses	0,330,101.		- 000 (

SEE SCHEDULE O FOR CONTINUATION(S)

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Form 990 (2021)

ON BEING PROJECT

Part IV Checklist of Required Schedules

			Yes	NO_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	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	l		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	-
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	400	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 21	\vdash
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		\vdash
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Form Pa i	990 (2021) ON BEING PROJECT 46-2 **T IV Checklist of Required Schedules (continued)	2775553	Р	age 4
	continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
22				
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	00	х	
	Schedule J	23	_ ^	
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			Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?			
	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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% contro	lled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		1	
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
30	•			x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37		37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		+	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 't V Statements Regarding Other IRS Filings and Tax Compliance	38	_ A	
. ui				
	Check if Schedule O contains a response or note to any line in this Part V			
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	40	Yes	No
ıa	Entor the number reported in box o or rount 1030. Enter 1011 HUt applicable Id			

(gambling) winnings to prize winners? 132004 12-09-21

Form **990** (2021)

0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form 990 (2021)

ON BEING PROJECT

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) ON BEING PROJECT 46-2775553

	o o i (continued)		I	г –
			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 22			
	med for the edicinal year ording with or maint the year covered by the retain.	۵.	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	^	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
_	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
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			_v
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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			l
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	` '			
100	amounts due or received from them.) Section 4047(aV1) non-exempt charitable trusts. Is the exemptation filing Form 900 in liqu of Form 10412	120		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	,			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	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		х
	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 "Ves " complete Form 6069			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year (4) The second provided differences is noticed with a second provided by the second provided by th	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
ь	Enter the number of voting members included on line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	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 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 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 Revenue Code.)		1	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	400	х	
12	on Schedule O how this was done Did the organization have a written whistleblower policy?	12c	X	
13 14		14	Х	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.5.5		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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 ▶MN,NY,CA,IL,MD,MI,PA,MA,GA,WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CLIFTONLARSONALLEN, LLP - 612-376-4500			
	220 SOUTH SIXTH STREET, STE. 300, MINNEAPOLIS, MN 55402			

Form 990 (2021) ON BEING PROJECT 46-2775553 Page **7**

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

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

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck i ss per	more rson i	than o s both or/trus	n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KRISTA TIPPETT	40.00							244 205		24 100
PRESIDENT (2) COLLEEN SCHECK	40.00	Х		Х				344,395.	0.	34,128
EXEC DIR, OPERATIONS & VIT	40.00	1		х				148,843.	0.	23,356
(3) LUCAS JOHNSON	40.00								- •	
EVP, PUBLIC LIFE & SOCIAL HEALING		1				x		160,352.	0.	9,810
(4) ERIN COLASACCO	40.00									
CREATIVE DIRECTOR						Х		127,286.	0.	20,608
(5) MANUEL GONZALEZ JR	40.00	-								
DIRECTOR, CIVIL CONVERSATI						Х		120,938.	0.	13,254
(6) GUANTAM SRIKISHAN	40.00	-				,,		100 267	0	7 (12
PRODUCER	1 00					Х		102,367.	0.	7,612
(7) JAY COWLES III TREASURER	1.00	x		х				0.	0.	0
(8) KONDA MASON	1.00		\vdash	-						
SECRETARY		х		x				0.	0.	0
(9) SRINIJA SRINIVASAN	1.00									
DIRECTOR		Х						0.	0.	0
		-								
		1								
		-								
			_							
		1								
		1								

Form 990 (2021) ON BEING PRO	JECT								46-27	7555	3	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any	(C) Positio (do not check mor box, unless persor officer and a direc			ition more rson is	than c s both	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	n I	ar	(F) Estimated amount of other compensatio	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	SC/	C/ from the organization and related organization		
1b Subtotal								1,004,181.		0.		108,	768.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							>	1,004,181.		0.		108,	0. 768.
2 Total number of individuals (including but n							o re		000 of reportable				
compensation from the organization												Yes	14 No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	oyee on	ſ		res	NO
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a											_		Х
rendered to the organization? If "Yes," con Section B. Independent Contractors	plete Schedule	e <i>J f</i>	or su	ich ŗ	<u>ers</u>	on .					5		Λ
1 Complete this table for your five highest co	•	•							•	ensat	ion fr	om	
the organization. Report compensation for (A)	the calendar ye	ear e	ndin	ig w	ith c	or wi	thin	the organization's tax y (B)	ear.			C)	
Name and business	address							Description of s	ervices	С		nsatio	n
CLIFTONLARSONALLEN LLP 220 S 6TH STREET, MINNEAPOLIS, MN 55	402							ACCOUNTING AND HR	CEDVITCEC			115	510
BLUE FLOWER ARTS, LLC	402						Ť	ACCOUNTING AND HR	SERVICES			115,	349.
PO BOX 461, NORTHHAMPTON, MA 01061							I	PROGRAM SUPPORT				106,	400.
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	d to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation 🕨				2	2					Form	990 (2021)

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Form 990 (2021)

ON BEING PROPORTION ON BEING PROPORTION OF Revenue

		Check if Schedule O	contains	a response	or note to any line	e in this Part VIII			🔲
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Tariotion revenue	Business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
Ω, E	С	Fundraising events		1c					
a ii		Related organizations							
s, G	е	Government grants (contri	ibutions)	1e	403,600.				
ig is	f	All other contributions, gifts,	grants, an	d					
the the		similar amounts not included	above	1f	6,520,347.				
ÖĒ	g	Noncash contributions included in	lines 1a-1f	1g \$					
a ငိ	h	Total. Add lines 1a-1f			>	6,923,947.			
					Business Code				
ė	2 a	CARRIAGE FEES			515100	340,925.	340,925.		
ξ	b	WISDOM APP			900099	217,531.	217,531.		
S Ž	С	CONTRACT REVENUE			900099	15,833.	15,833.		
eve eve	d								
Program Service Revenue	е								
4	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				574,289.			
	3	Investment income (includ	ding divid	ends, intere	est, and				
		other similar amounts)			>	5,299.			5,299.
	4	Income from investment of	of tax-exe	mpt bond p	roceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
	d	Net rental income or (loss)	$\overline{}$						
	7 a	Gross amount from sales of	(i)	Securities	(ii) Other				
		assets other than inventory	7a		3,637.				
	b	Less: cost or other basis							
ne		and sales expenses			0.				
Revenue		Gain or (loss)			3,637.				
~		Net gain or (loss)				3,637.			3,637.
ther	8 a	Gross income from fundraisin	ng events	(not					
Ò		including \$		_ of					
		contributions reported on		I .					
		Part IV, line 18		I .					
		Less: direct expenses							
		Net income or (loss) from			P				
	эa	Gross income from gamin Part IV, line 19		I .					
	h	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, I							
	ıo a	and allowances			,				
	h	Less: cost of goods sold		I .					
		Net income or (loss) from							
_		. 13t moonto or hood, nom	22,00 011	or itory	Business Code				
Snc	11 a	MISCELLANEOUS REVEN	UE		900099	6,521.			6,521.
Miscellaneous Revenue	b					•			,
ella	c								
<u>is</u>		All other revenue							
2		Total. Add lines 11a-11d			>	6,521.			
	12	Total revenue. See instruction				7,513,693.	574,289.	0.	15,457.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	550,764.	246,450.	123,721.	180,593
6	trustees, and key employees Compensation not included above to disqualified	330,701.	210,130.	123,721.	100,33
0	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,883,988.	1,607,957.	202,099.	73,932
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,003,500.	1,007,557.	202,033.	73,332
0	section 401(k) and 403(b) employer contributions)	68,118.	60,626.	6,925.	567
9	Other employee benefits	130,192.	117,954.	10,394.	1,844
9		168,791.	132,896.	21,799.	14,096
1	Payroll taxes Fees for services (nonemployees):	100,751.	132,030.	22,755.	11,000
ıı a	Management				
b	I	15,696.		15,696.	
D	Legal	124,363.		124,363.	
d	Accounting	222,000.			
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	590,122.	523,630.	59,954.	6,538
12	Advertising and promotion	66,723.	66,723.	05,501.	- ,,,,,,
13		120,568.	85,312.	34,996.	260
13 14	Office expenses Information technology	317,570.	298,360.	3,644.	15,566
		027,070	250,000.	,,,,,	20,000
15 16	Royalties	137,876.	106,034.	18,097.	13,745
10 17	Occupancy	218,174.	167,458.	47,143.	3,573
ı, 18	Travel Payments of travel or entertainment expenses	220,272	207,200.		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Indiana.				
.o 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	183,924.	164,754.	10,895.	8,275
23	Inquirence	52,359.		52,359.	, ,
.5 24	Other expenses. Itemize expenses not covered	7		, , , , ,	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) CARRIAGE FEES	193,948.	193,948.		
b	SPONSORSHIP FEES	75,895.	67,895.	8,000.	
C	EVENTS	73,247.	73,073.	174.	
d	STAFF DEVELOPMENT	64,824.	49,853.	8,509.	6,462
e	All other expenses	68,786.	32,244.	33,649.	2,893
25	Total functional expenses. Add lines 1 through 24e	5,105,928.	3,995,167.	782,417.	328,344
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) Part X Balance Sheet

rai	tΧ	Balance Sneet					
		Check if Schedule O contains a response or	note to any lir	ne in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			623,756.	1	1,567
	2	Savings and temporary cash investments			6,660,746.	2	6,277,085
	3	Pledges and grants receivable, net		730,452.	3	3,712,333	
	4	Accounts receivable, net			71,797.	4	90,242
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su				_	
	•	controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
	_	under section 4958(f)(1)), and persons descri	· / · / · / · · · · · F		6		
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			F.C. C.C.O	8	124 244
`	9		1 1		56,668.	9	124,344
	10a	Land, buildings, and equipment: cost or other		2 002 623			
		basis. Complete Part VI of Schedule D			21 5 002		125 227
		Less: accumulated depreciation		1,947,386.	315,892.	10c	135,237
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li	205 757	13	262 042		
	14	Intangible assets	395,757.	14	263,042		
	15	Other assets. See Part IV, line 11			7,608.	15	7,608
	16	Total assets. Add lines 1 through 15 (must e			8,862,676. 275,623.	16	10,611,458
	17	Accounts payable and accrued expenses			275,025.	17	312,263
	18	Grants payable	291,500.	18	132 102		
	19	Deferred revenue			291,500.	19	132,192
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
≝		trustee, key employee, creator or founder, su				00	
Liabilities	00	controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un	•		403,600.	23	0
	24	Unsecured notes and loans payable to unrela			403,000.	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Co	omplete Part X		25	
	06	of Schedule D		·····	970,723.	26	444,455
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, 6	haals basa I		370,723.	20	111,133
g		and complete lines 27, 28, 32, and 33.	check here j				
Net Assets or Fund Balances	27				6,535,341.	27	5,979,864
ala	27				1,356,612.	28	4,187,139
8 8	28	Net assets with donor restrictions Organizations that do not follow FASB ASC			1,330,012.	20	4,107,133
들		and complete lines 29 through 33.	J 956, CHECK	niere L			
ō	20		do			20	
ets	29	Capital stock or trust principal, or current fun				29	
SSI	30	Paid-in or capital surplus, or land, building, or				30	
et∤	31	Retained earnings, endowment, accumulated			7,891,953.	31	10,167,003
ž	32	Total net assets or fund balances			8,862,676.	33	10,107,003
	33	Total liabilities and net assets/fund balances			0,002,070.	აა	Form 990 (202

Form 990 (2021) ON BEING PROJECT 46-2775553 Page **12**

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			693.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	105,	928.		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	407,	765.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,	891,	953.		
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	-	132,	715.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	10,	167,	003.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ		
				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 O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	, ,	•					
	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						
За	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 required	ed audit			1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	225	<u> </u>		
			Form	990	(2021)		

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** ON BEING PROJECT 46-2775553 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 ON BEING PROJECT 46-2775553 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.)

Sec	ction A. Public Support	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,		. ,	,	. ,	
	membership fees received. (Do not						
	include any "unusual grants.")	4,495,752.	3,969,903.	6,233,257.	6,479,644.	6,923,947.	28,102,503.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,495,752.	3,969,903.	6,233,257.	6,479,644.	6,923,947.	28,102,503.
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)						11,479,982.
6	Public support. Subtract line 5 from line 4.						16,622,521.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	4,495,752.	3,969,903.	6,233,257.	6,479,644.	6,923,947.	28,102,503.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	68.	5,905.	1,417.	9,852.	5,299.	22,541.
9	Net income from unrelated business		,	,	,	,	
•	activities, whether or not the						
	business is regularly carried on		945.	3,301.	1,522.	0.	5,768.
10	Other income. Do not include gain		-	, -	, -	-	, -
	or loss from the sale of capital						
	assets (Explain in Part VI.)	7,817.	11,452.	2,564.	2,193.	6,521.	30,547.
11	Total support. Add lines 7 through 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,	28,161,359.
12		etc (see instructio	ine)			12	1,926,923.
	First 5 years. If the Form 990 is for th	•	,	ourth or fifth tax w			
	organization, check this box and stop			•			ightharpoonup
Sec	etion C. Computation of Publi						
	Public support percentage for 2021 (li			olumn (f))		14	59.03 %
15	5 1 11					15	58.48 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the o						
~	and stop here. The organization quali						
17 a	10% -facts-and-circumstances test						
.,,	and if the organization meets the facts	ū					•
	meets the facts-and-circumstances te			-		-	▶ □
L	10% -facts-and-circumstances test	_	· ·	*	-	7a and line 15 is 1	
L		_					070 UI
	more, and if the organization meets the				-		▶□
10	organization meets the facts-and-circu				• • •		
ΙŎ	Private foundation. If the organization	n did not check a t	DOX OFFITTE 13, 16a	, 10D, 17a, OF 17b,	, crieck this box at	nd see instructions	

Schedule A (Form 990) 2021 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
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						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	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						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an Estilate	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

132023 01-04-22

Schedule A (Form 990) 2021

Page 3

Schedule A (Form 990) 2021 ON BEING PROJECT 46-2775553 Page **4**

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.)

		Yes	No
- 1	4		
H	1		
L	2		
L	3a		
- 1			
H	3b		
- 1	20		
ŀ	3c		
ı	4a		
ı	ти		
Ĺ	4b		
- 1			
- 1			
- 1			
H	4c		
- 1			
- 1			
- 1			
- 1	Eo		
ŀ	5a		
- 1	5b		
f	5c		
ı			
- 1			
- 1			
	6		
-	7		
}	8		
	9a		
ŀ	Ja		
	9b		
j			
	9с		
Ī			
	10a		
	10b		

Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Par</u>t VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 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 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, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations N<u>o</u> Yes 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 3 <u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 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. 2a 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 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. 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. За 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. 3b

Part IV

Schedule A (Form 990) 2021 ON BEING PROJECT 46-2775553 Page **6**

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	Section 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				
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see		
	instructions).					

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
	•	(i)	(ii)	(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	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				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	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: \$				
a	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:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:					
OTHER INCOME					
2017 AMOUNT: \$ 7,817.					
2018 AMOUNT: \$ 11,452.					
2019 AMOUNT: \$ 2,564.					
2020 AMOUNT: \$ 2,193.					
2021 AMOUNT: \$ 6,521.					

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

Employer identification number

О	N BEING PROJECT	46-2775553
Organization type (check	cone):	
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	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributo	
Special Rules		
sections 509(a)(contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i EZ, line 1. Complete Parts I and II.	nd that received from any one
contributor, duri literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, sational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (b) instead of the contributor name and address), II, and III.	cientific,
year, contributio is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the exclusively for religious, charitable, etc., purposes, but no such contributions totaled for here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because table, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i>
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-P ling requirements of Schedule B (Form 990).	<i>,,</i>
LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization	Employer identification number
ON REING PROJECT	46-2775553

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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
2		\$1,500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions \$403,600.	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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

ON BEING PROJECT

46-2775553

Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given Column

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

	ganization		Employer identification number		
Part III	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	ROJECT 46-2775553 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.)			
	Use duplicate copies of Part III if additiona	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a		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 gift				
	Transferee's name, address, a	and 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 gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
		(e) Transfer of gift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

ON BEING PROJECT

Employer identification number 46 - 2775553

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ac	counts. Complete if the
	Organization answered Tes On Form 990, Fait IV, link	(a) Donor advised fu	unds ((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 v		n donor advised fund	1e
Ū	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ac			
Ū	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	,		
Par				
1	Purpose(s) of conservation easements held by the organization		,	
•	Preservation of land for public use (for example, recreat		reservation of a histo	orically important land area
	Protection of natural habitat	· —		fied historic structure
	Preservation of open space	ш.		ned meterie diractare
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contributio	n in the form of a co	nservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year >	, ,	,	Ç
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	<u></u>	, handling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforce	cing conservation ea	sements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements o	f section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fina	ancial statements tha	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treas	ures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenu	e statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or	research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describ	es these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue sta	atement and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search 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 treatments	asures, or other similar asse	ts for financial gain, ¡	
	the following amounts required to be reported under FASB AS	SC 958 relating to these iter	ms:	
а	Revenue included on Form 990, Part VIII, line 1			> \$
				. .
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		803,093.	681,677.	121,416.
d Equipment		149,484.	140,983.	8,501.
e Other		1,130,046.	1,124,726.	5,320.
Total. Add lines 1a through 1e. (Column (d) must equa	I Form 990 Part Y colun	an (P) line 10c)	•	135 237.

Schedule D (Form 990) 2021 ON BEING PROJECT		4	6-2//5553 Page
Part VII Investments - Other Securities.		44h O. F. F. 200 B. J. V. T. 15	
Complete if the organization answered "Yes" o			al after a new control of
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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 en	d-of-vear market value
(1)	(-,	(-)	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>	>	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	j.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the footnote to	o the organization's financial statements t	that reports the
organization's liability for uncertain tax positions under F	ASB ASC 740. Check h	ere if the text of the footnote has been pr	ovided in Part XIII X

46-2775553

Pai	t XI Reconciliation of Revenue per Audited Financial Sta		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li		Ι.Ι	7 512 602
1			1	7,513,693.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)		0.	0.
e	Add lines 2a through 2d			7,513,693.
3	Subtract line 2e from line 1		3	7,313,093.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	45		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		40	0.
	Add lines 4a and 4b			7,513,693.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 tt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	s s Ises per Return.	7,313,033.
1 4	Complete if the organization answered "Yes" on Form 990, Part IV, li	•		
1			1	5,105,928.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			, , -
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			5,105,928.
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.)			
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5,105,928.
Pa	rt XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; I	Part V, line 4; Part X, lir	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.		
PARI	X, LINE 2:			
тнг	INTERNAL REVENUE SERVICE HAS DETERMINED THE ORGANIZATION	те ехемот		
	THE WALL REVENUE DERVICE MED DEFENDED IND ORGANIZATION	15 11111111		
FROM	I INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL RE	VENUE CODE. IN		
ADDI	TION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERN	AL REVENUE		
SERV	ICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF	SECTION		
509(A) OF THE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAX	ES HAS BEEN		
MADE	THE MUDGE DINANGIAL CHAMPMENING			
MADE	IN THESE FINANCIAL STATEMENTS.			
THE	ORGANIZATION FOLLOWS THE INCOME TAX STANDARD REGARDING T	HE RECOGNITION		
A MID	MEACHDEMENT OF INCEPTAIN MAY DOCUMEN THE CHITDANCE OF A	DIETEC MUE		
תואד	MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE GUIDANCE CLA	KILIES INE		
ACCC	UNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN	ORGANIZATION'S		
FINA	NCIAL STATEMENTS. THE IMPLEMENTATION OF THIS STANDARD HA	D NO IMPACT ON		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** ON BEING PROJECT 46-2775553 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV	/, line 14b.				
1			maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
				he selection criteria used to award the		Yes No
	0 0,	Ü	,			
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	arants and other assistance outs	ide the
	United States.		9	g	. 9	
3		ne following Part	Lline 3 table ca	an be duplicated if additional space is n	eeded)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	(4, 1109.011	offices	`émployees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and
			contractors	recipients located in the region)	of service(s) in the region	investments in the region
סווים.	OPE (INCLUDING		in the region			
	LAND & GREENLAND)				EVECUMIVE DIRECTOR OF	
					EXECUTIVE DIRECTOR OF	
	JBANIA, ANDORRA,		_	L	CIVIL CONVERSATIONS AND	00.075
AUS	RIA, BELGIUM	0	1	PROGRAM SERVICES	SOCIAL HEALING	80,075.
2 -	Subtotal	0	1			80,075.
	Subtotal					00,075.
b	Total from continuation	0	0			
	sheets to Part I	-	<u> </u>			0.
С	Totals (add lines 3a		_			00.055
	and 3b)	0	1			80,075.

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	recognized as charities by the or counsel has provided a sect	tion 501(c)(3) equ	uivalency letter			

Schedule F (Form 990) 2021	ON BEING PROJECT				46-2775553		Page :
Part III Grants and Other Assistan	ce to Individuals Outsi	de the United Sta	ates. Complete i	f the organization answered "Yes	" on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	additional space is need		_				_
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

46-2775553

Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." 1 the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see Instructions for Form 926) 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes." the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Yes X No U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Yes X No Certain Foreign Corporations (see Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Yes X No Fund (see Instructions for Form 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes." the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Yes X No Foreign Partnerships (see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? *If* "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2021

X No

Yes

6

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Employer identification number ON BEING PROJECT 46-2775553

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KRISTA TIPPETT	(i)	303,585.	40,000.	810.	15,617.	18,511.	378,523.	0,
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0,	0,
(2) COLLEEN SCHECK	(i)	148,201.	0.	642.	9,177.	14,179.	172,199.	0,
EXEC DIR, OPERATIONS & VIT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LUCAS JOHNSON	(i)	159,750.	0.	602.	0.	9,810.	170,162.	0.
EVP, PUBLIC LIFE & SOCIAL HEALING	(ii)	0.	0.	0.	0.	0.	0,	0,
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
THE ORGANIZATION PROVIDED FIRST-CLASS TRAVEL TO KRISTA TIPPETT THROUGHOUT
THE YEAR. ALL BUSINESS TRAVEL IS CHARGED AS ORGANIZATIONAL TRAVEL EXPENSES
ON COMPANY CREDIT CARDS.

Page 3

SCHEDULE O (Form 990)

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.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ON BEING PROJECT

Employer identification number 46 - 2775553

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESOURCES, AND EXPERIENCES THAT NOURISH AND AMPLIFY THE GENERATIVE
NARRATIVE OF OUR TIME. PEOPLE ENGAGE WITH US TO EXPLORE THE GREAT
QUESTIONS OF MEANING AS THEY ARE NEWLY ALIVE IN 21ST CENTURY LIFE: WHAT
DOES IT MEAN TO BE HUMAN? HOW DO WE WANT TO LIVE? WHO WILL WE BE TO
EACH OTHER? THERE IS A WORLD BEING REMADE FILLED WITH JOY, IMAGINATION,
AND SOCIAL CREATIVITY, BUT IT IS LARGELY HIDDEN FROM VIEW. OUR
CONTRIBUTION IS TO MAKE THIS WORLD THIS DIFFERENT "STORY OF US" MORE
VIBRANT AND MORE REAL, AND TO BRING PEOPLE MORE FULLY INTO THEIR
HUMANITY, THEIR VOCATION, AND THEIR AGENCY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE ON BEING PROJECT TENDS THE INTERPLAY OF INNER LIFE, OUTER LIFE, AND
LIFE TOGETHER.
ON BEING STUDIOS: HOME TO THE ICONIC PODCAST ON BEING WITH KRISTA
TIPPETT, DOWNLOADED OVER 400 MILLION TIMES, AND TO THE GROWING PODCAST
"POETRY UNBOUND", SURPASSING 10 MILLION DOWNLOADS IN ITS SIXTH SEASON.
AFTER TWO DECADES OF INCREDIBLE, ORGANIC AUDIENCE GROWTH, WE INVESTED
FOR THE FIRST TIME IN ETHNOGRAPHIC RESEARCH TO INFORM HOW WE NURTURE
AND CULTIVATE NEW AUDIENCES. WE EXPERIMENTED WITH INCUBATING A NEW ON
BEING SERIES, "THE FUTURE OF HOPE", AND MARKED 20 YEARS OF ON BEING
PRODUCTION WITH A LIVE ONLINE LISTENING CELEBRATION. WE CREATED
NEW DYNAMIC CONTENT EXTENSIONS BY DRAWING CREATIVELY ON OUR RICH
ARCHIVE, INCLUDING A CURATED AUDIO, VIDEO, AND VISUAL STARTING POINT
EXPLORING OUR RELATIONSHIP WITH THE NATURAL WORLD, AND THE IMMERSIVE

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

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page 2
Name of the organization ON BEING PROJECT	Employer identification number 46-2775553
NEWSLETTER SERIES "THE SUMMER OF THE PAUSE," THAT OFFERED TEACHING AND	
TOOLS. A SPECIAL "FOUNDATIONS FOR THE ART OF LIVING" SERIES IN THE ON	
BEING PODCAST FEED LAID OUT KEY ASPECTS OF OUR VOCABULARY AND THEORY OF	
CHANGE THAT HAVE EMERGED ACROSS 20 YEARS. WE LAUNCHED THE NEW	
NEWSLETTER "POETRY UNBOUND: OPEN YOUR WORLD", WHICH GREW QUICKLY TO	
10,000 SUBSCRIBERS, ALONGSIDE THE FALL 2022 PUBLICATION OF THE BOOK	
"POETRY UNBOUND: 50 POEMS TO OPEN YOUR WORLD", BY PDRAIG TUAMA, AND	
THE SIXTH PODCAST SEASON.	
LAB FOR THE ART OF LIVING: THE LAB IS A NEW SPACE TO DESIGN TOOLS AND	
EXPERIENCES AND COMMUNITY CONTAINERS THAT EXTEND AND DEEPEN OUR	
ACCOMPANIMENT AND HELP PEOPLE CARRY WISDOM BACK INTO THEIR LIVES. IN	
FY22, WE LEARNED FROM THE LAB'S FIRST EXPERIMENT, THE ON BEING WISDOM	
APP, THAT PEOPLE ARE HUNGRY FOR MORE COMING FROM ON BEING. THE APP	
UNLOCKS A FRUITFUL SHORTER VERSION OF ON BEING THAT CAPTURES THE	
ESSENCE OF THE SHOW WHILE PROVIDING 10-15 MINUTE "WISDOM PRACTICES"	
GUIDED BY KRISTA TIPPETT IN CURATION WITH 20 YEARS OF CONVERSATION	
PARTNERS. EACH PRACTICE CONTAINS PROMPTS DESIGNED TO INTEGRATE THE	
MATERIAL IN THE CONTEXT OF LISTENERS' LIVES. OUR LEARNING HAS SHAPED	
NEW COURSES, INCLUDING "FOUNDATIONS FOR THE ART OF LIVING", AND HAS	
INFORMED OUR EVOLUTION OF THE APP EXPERIENCE FROM COURSES TO RETREATS	
AN INVITATION INTO A WIDER COMMUNITY OF CONVERSATION AND LIVING AND	
TOWARDS A MORE DYNAMIC FORM OF MEMBERSHIP. WE ALSO BEGAN CONCEIVING	
FUTURE LAB CONCEPTS, INCLUDING PUBLISHING PARTNERSHIPS, TO KEEP	
BUILDING ON THE UNIQUE TRACK RECORD OF THE PODCAST AND MEET THE REQUEST	
FOR MORE TOOLS AND EXPERIENCES THAT HELP PEOPLE ROOT WISDOM IN THEIR	
LIVES.	

Schedule O (Form 990) 2021 Page **2**

Schedule O (Form 990) 2021	Page 2
Name of the organization ON BEING PROJECT	Employer identification number 46-2775553
ON BEING GATHERINGS & QUIET CONVERSATIONS: FOR YEARS, ON BEING HAS BEEN	
INVITED TO SHAPE AND HOST CONVERSATIONS AND CONVENINGS WITH LEADERS AND	
VISIONARY PRACTITIONERS IN VARIOUS AREAS OF PUBLIC LIFE. THEY HAVE	
CALLED US TO THE IN-THE-STUDIO/IN-THE-FIELD HYBRID ORGANIZATION WE ARE	
TODAY. OUR FORAYS INTO LARGER GATHERINGS ALSO COMPEL US TO INVEST IN	
THIS SPHERE. ACROSS THE PANDEMIC YEARS, INCLUDING FY22, WE HAVE HOSTED	
ONLINE GATHERINGS THAT DREW OVER 5,000	
VIEWERS LIVE. WE ARE WORKING ANEW TO DEVELOP A HOSPITABLE ON BEING	
FORMAT OF PHYSICAL GATHERINGS SUSTAINED WITH DIGITAL TOOLS THAT WILL	
FEED THE CRITICAL YEAST AT THE CORE OF SOCIAL TRANSFORMATION. THIS YEAR	
WE LAUNCHED OUR FIRST SOCIAL HEALING FELLOWS PROGRAM WITH TEN LEADERS	
DEVOTED TO THE WORK OF ADDRESSING DEEP FRACTURES IN OUR PUBLIC LIFE,	
INCLUDING AREAS OF FOCUS SUCH AS RACISM AND THE RURAL-URBAN DIVIDE.	
GUIDED BY OUR STAFF, THE FELLOWS GATHERED BOTH DIGITALLY AND IN-PERSON	
TO SUPPORT AND LEARN FROM ONE ANOTHER AS LEADERS. THEY EXPERIENCED A	
YEAR OF RESTORATIVE CONNECTION AND RELATIONSHIP AMID THEIR OFTEN	
UNDER-RESOURCED AND ISOLATED WORK OF SOCIAL CHANGE. OUR "QUIET	
CONVERSATIONS" WORK IS CENTERED AROUND THE UNIQUE CULTURAL CAPITAL AND	
TRUST ON BEING HAS BUILT ACROSS TWO DECADES AND, THUS, THE CRITICAL	
ROLE WE CAN PLAY IN CONVERSATIONS AND RELATIONSHIPS THAT ARE	
UNDER-EVOLVED OR CAN'T HAPPEN IN PUBLIC IN THE PRESENT CULTURE BUT ARE	
ESSENTIAL FOR LONG-TERM SUSTAINABLE SOCIAL CHANGE. ENGAGEMENTS UNDERWAY	
AND IN DEVELOPMENT ENCOMPASS RACE AND ETHICS AND RECIPROCITY,	
"RESTORATIVE JOURNALISM", MORAL IMAGINATION IN PHILANTHROPY, AND MENTAL	
HEALTH/FLOURISHING IN YOUTH. COLLECTIVELY, THESE PILLARS AND EXPANDING	
IMPRINT REFLECT OUR DEEP DISCERNMENT THROUGHOUT FY22 OF WHAT	
DISTINCTIVELY IS OUR WORK TO DO IN A RUPTURED AND TRANSFORMING WORLD,	
AND HOW THE ON BEING PROJECT CAN BE EVER MORE DEEPLY OF SERVICE. FROM	

<u>Schedule O (Form 990) 2021</u> Page **2**

Employer identification number Name of the organization ON BEING PROJECT 46-2775553 THE EARLY DAYS OF "SPEAKING OF FAITH" TO OUR NEWEST AUDIENCE RESEARCH LISTENING TO OUR GUESTS AND OUR LISTENERS, TO OUR PARTNERS AND OUR BROADER COMMUNITY, HAS BEEN THE PATHWAY OF OUR EVOLUTION. HEARING HOW THEY'VE TAKEN ON BEING INTO THEIR LIVES AND OWNING THE IMPACT THAT HAS HAD IS A FOUNDATION FOR OUR EXPANSIVE EFFORTS NOW TO MOVE FROM LISTENING TO ON BEING TO IMMERSION WITH A FULLER, MORE DYNAMIC ON BEING PROJECT. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DID NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS DURING THE YEAR COVERED BY THIS RETURN. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WAS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM AND REVIEWED IN DETAIL BY ON BEING MANAGEMENT. THE FORM 990 WAS PROVIDED TO EACH BOARD MEMBER FOR REVIEW AND COMMENT PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO ANY DIRECTOR, PRINCIPAL OFFICER OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS. EACH COVERED MEMBER ANNUALLY SIGNS A STATEMENT AFFIRMING THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION THAT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS EXEMPT PURPOSES.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, A COVERED

Schedule O (Form 990) 2021 Page **2**

Name of the organization ON BEING PROJECT	Employer identification number
PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND MUST BE	40 2775555
GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS OR	
COMMITTEE MEMBERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE	
INTERESTED PERSON WILL LEAVE THE MEETING WHILE THE DETERMINATION OF A	
CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON BY THE REMAINING BOARD OR	
COMMITTEE MEMBERS.	
IF APPROPRIATE, THE BOARD CHAIR WILL APPOINT A DISINTERESTED PERSON OR	
COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR	
ARRANGEMENT. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT	
REASONABLY ATTAINABLE UNDER THE CIRCUMSTANCES THAT WOULD GIVE RISE TO A	
CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY MAJORITY	
VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT	
IS IN THE BEST INTEREST OF THE ORGANIZATION.	
THE MINUTES OF THE BOARD OF DIRECTORS AND ALL COMMITTEES WITH	
BOARD-DELEGATED POWERS RECORD ALL PROCEEDINGS RESULTING FROM POTENTIAL OR	
ACTUAL CONFLICTS OF INTEREST INCLUDING ALTERNATIVE ARRANGEMENTS EXPLORED.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS, INDEPENDENT FROM THE CEO, REVIEWED AND APPROVED THE	
CURRENT BASE AND VARIABLE COMPENSATION FOR THE CEO FOR FY21-22.	
COMPENSATION FOR ALL STAFF IN THE ORGANIZATION IS DETERMINED BY COLLECTING	
CURRENT MARKETPLACE COMPENSATION DATA (PROVIDED BY EXTERNAL PARTNER) FOR	
EACH ROLE, WHICH IS REVIEWED AGAINST THE ORGANIZATION'S ANNUAL PERSONNEL	
BUDGET. COMPENSATION FOR THE FOUNDER/CEO IS REVIEWED AND DETERMINED BY THE	
BOARD OF DIRECTORS ON AN ANNUAL BASIS; WHILE COMPENSATION FOR OTHER KEY	0.11.1.0 (5

Schedule O (Form 990) 2021 Page **2**

Schedule O (Form 990) 2021		Page :
Name of the organization ON BEING PROJECT		Employer identification number 46-2775553
LEADERSHIP EMPLOYEES IS REVIEWED BY THE FOUNDER/CEO ON AN	ANNUAL BASIS VIA	
PERFORMANCE REVIEWS.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
RECRUITING FEES:		
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	10,150.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	10,150.	
OTHER FEES:		
PROGRAM SERVICE EXPENSES	106,682.	
MANAGEMENT AND GENERAL EXPENSES	3,172.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	109,854.	
COLUMNISTS:		
PROGRAM SERVICE EXPENSES	11,398.	
MANAGEMENT AND GENERAL EXPENSES	200.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	11,598.	
HR SERVICES:	•	
PROGRAM SERVICE EXPENSES 132212 11-11-21	0.	Schedule O (Form 990) 202

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** ON BEING PROJECT 46-2775553 MANAGEMENT AND GENERAL EXPENSES 10,924. 0. FUNDRAISING EXPENSES TOTAL EXPENSES 10,924. TECH SERVICES: PROGRAM SERVICE EXPENSES 20,892. MANAGEMENT AND GENERAL EXPENSES 3,753. FUNDRAISING EXPENSES 1,538. TOTAL EXPENSES 26,183. OTHER CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 384,658. MANAGEMENT AND GENERAL EXPENSES 31,755. FUNDRAISING EXPENSES 5,000. TOTAL EXPENSES 421,413. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 590,122. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: IMPAIRMENT LOSS -132,715.

32212 11-11-21 Schedule O (Form 990) 2021