

Beels Soper LLP
19 Keller Street
Petaluma, CA 94952
707.763.3888

Cami Weaver
Becoming Independent
1425 Corporate Center Parkway
Santa Rosa, CA 95407

Dear Cami:

Enclosed is the organization's 2007 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

CALIFORNIA FORM 199 RETURN:

Mail to - Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0701

Please sign and mail Form 199 on or before June 15, 2009.

Enclose a check for \$10.

Make check payable to Franchise Tax Board.

CALIFORNIA FORM RRF-1:

Please sign and mail Form RRF-1 on or before February 17, 2009.

Mail to - Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check for \$225 made payable to Attorney General's

Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.

A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Donna J. Beels
Partner

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BECOMING INDEPENDENT		D Employer identification number 94-2641147
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1425 CORPORATE CENTER PARKWAY		E Telephone number 707.524.6600
		City or town, state or country, and ZIP + 4 SANTA ROSA, CA 95407		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **HTTP://WWW.BECOMINGINDEPENDENT.ORG/**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **14,045,207.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	500,351.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d	136,827.	
	e Total (add lines 1a through 1d) (cash \$ 637,178. noncash \$)	1e		637,178.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		12,652,118.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		36,698.
	5 Dividends and interest from securities	5		46,079.
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe)	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	169,906.	8a	420,000.	
	171,101.	8b	314,426.	
	-1,195.	8c	105,574.	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	STMT 1 STMT 2	104,379.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	46,250.		
b Less: direct expenses other than fundraising expenses	9b	37,105.		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 3	9,145.	
10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		36,978.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		13,522,575.	
Expenses	13 Program services (from line 44, column (B))	13	11,837,865.	
	14 Management and general (from line 44, column (C))	14	1,321,602.	
	15 Fundraising (from line 44, column (D))	15	234,049.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17	13,393,516.	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	129,059.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,989,551.	
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 4	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	4,038,813.	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	341,478.	0.	341,478.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	8,094,022.	7,644,215.	395,421.	54,386.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	1,156,226.	1,079,147.	70,970.	6,109.
29 Payroll taxes	635,617.	578,627.	52,762.	4,228.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	259,560.	220,849.	37,041.	1,670.
34 Telephone	106,257.	90,982.	14,933.	342.
35 Postage and shipping	60,606.	16,302.	26,779.	17,525.
36 Occupancy	295,360.	285,764.	5,852.	3,744.
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	149,254.	146,048.	2,844.	362.
40 Conferences, conventions, and meetings	43,629.	30,549.	12,745.	335.
41 Interest	306,386.	257,805.	48,581.	
42 Depreciation, depletion, etc. (attach schedule)	354,822.	290,046.	60,059.	4,717.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	1,590,299.	1,197,531.	252,137.	140,631.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	13,393,516.	11,837,865.	1,321,602.	234,049.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 7	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 6	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b	11,837,865.
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	11,837,865.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	900.	900.
	46 Savings and temporary cash investments	543,678.	523,209.
	47 a Accounts receivable	1,311,388.	1,040,148.
	b Less: allowance for doubtful accounts	3,000.	
	48 a Pledges receivable		1,308,388.
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	141,425.	27,620.
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	6,049.	52
	53 Prepaid expenses and deferred charges	18,033.	53
	54 a Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,232,389.	54a
	b Investments - other securities		54b
55 a Investments - land, buildings, and equipment: basis		55c	
b Less: accumulated depreciation			
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	8,870,504.	6,588,077.	
b Less: accumulated depreciation STMT 8	2,728,069.		
58 Other assets, including program-related investments (describe SEE STATEMENT 9)	1,362,185.	58	
59 Total assets (must equal line 74). Add lines 45 through 58	10,819,079.	59	
Liabilities	60 Accounts payable and accrued expenses	914,183.	60
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	5,708,745.	64b
	65 Other liabilities (describe SEE STATEMENT 10)	206,600.	65
66 Total liabilities. Add lines 60 through 65	6,829,528.	66	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	3,213,780.	67
	68 Temporarily restricted	774,771.	68
	69 Permanently restricted	1,000.	69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	3,989,551.	73
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	10,819,079.	74

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	13446128.
b Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	-79,797.
2	Donated services and use of facilities	b2	3,350.
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
Add lines b1 through b4		b	-76,447.
c Subtract line b from line a		c	13522575.
d Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
Add lines d1 and d2		d	0.
e Total revenue (Part I, line 12). Add lines c and d		e	13522575.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements		a	13396866.
b Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	3,350.
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
Add lines b1 through b4		b	3,350.
c Subtract line b from line a		c	13393516.
d Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
Add lines d1 and d2		d	0.
e Total expenses (Part I, line 17). Add lines c and d		e	13393516.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 12		341,478.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 15		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0 .		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	X	
82b	24,800.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84a	N/A		
84b	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85a	N/A		
85b	N/A		
85c	Dues, assessments, and similar amounts from members		
85c	N/A		
85d	Section 162(e) lobbying and political expenditures		
85d	N/A		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities		
86a	N/A		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87a	N/A		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0. b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
89a			
89b			X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89c	0.		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89d	0.		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
89g			
90 a	List the states with which a copy of this return is filed CA		
90b	Number of employees employed in the pay period that includes March 12, 2007		340
91 a	The books are in care of BECOMING INDEPENDENT, INC. Telephone no. 707-524-6600 Located at 1425 CORPORATE CENTER PKWY., SANTA ROSA, CA ZIP + 4 95407		
91b	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)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
91b			X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SERVICE FEES					11,887,682.
b WORK ACTIVITIES REVENUE					764,436.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	36,698.	
96 Dividends and interest from securities			14	46,079.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	104,379.	
101 Net income or (loss) from special events			41	9,145.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER SERVICE REVENUE					36,978.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		196,301.	12,689,096.
105 Total (add line 104, columns (B), (D), and (E))					12,885,397.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: CAMI WEAVER, CEO Date: _____

Type or print name and title: CAMI WEAVER, CEO

Paid Preparer's Use Only

Preparer's signature: DONNA J. BEELS Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: BEELS SOPER LLP
19 KELLER STREET
PETALUMA, CA 94952

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X): _____

EIN: _____

Phone no.: 707.763.3888

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

BECOMING INDEPENDENT

Employer identification number

94 2641147

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
FRED COLEMAN 1425 CORPORATE CENTER PARKWAY, SANTA	SERVICE DIRECTOR 40.00	60,272.		
LOUISE SIRI 1425 CORPORATE CENTER PARKWAY, SANTA	CONTROLLER 40.00	82,378.		
SUSAN HESKETT 1425 CORPORATE CENTER PARKWAY, SANTA	SERVICE DIRECTOR 40.00	59,899.		
LAUREN MEIKLEJOHN 1425 CORPORATE CENTER PARKWAY, SANTA	SERVICE DIRECTOR 40.00	63,036.		
PENNY SNYDER 1425 CORPORATE CENTER PARKWAY, SANTA	SERVICE DIRECTOR 40.00	58,544.		
Total number of other employees paid over \$50,000	2			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III **Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities? SEE STATEMENT 14	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,065,781.	644,940.	839,208.	712,816.	3,262,745.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	11081228.	10725839.	10013729.	9,132,909.	40,953,705.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	155,401.	52,729.	16,523.	13,751.	238,404.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	74,062.	114,818.	SEE STATEMENT 15 41,783.	79,410.	310,073.
23 Total of lines 15 through 22	12376472.	11538326.	10911243.	9,938,886.	44,764,927.
24 Line 23 minus line 17	1,295,244.	812,487.	897,514.	805,977.	3,811,222.
25 Enter 1% of line 23	123,765.	115,383.	109,112.	99,389.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 538,314. (2005) 11,950. (2004) 6,305. (2003) 2,500.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 3,262,745. 16 _____ 17 40,953,705. 20 _____ 21 _____					27c 44,216,450.
d Add: Line 27a total 559,069. and line 27b total 0.					27d 559,069.
e Public support (line 27c total minus line 27d total)					27e 43,657,381.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 44,764,927.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 97.5259%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .5326%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

BECOMING INDEPENDENT

94-2641147

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization BECOMING INDEPENDENT	Employer identification number 94-2641147
---	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JAYNE HAMEL 685 JONIVE ROAD SEBASTOPOL, CA 95472	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MORTON & BASSETT SPICES 84 GALLI DRIVE NOVATO, CA 94949	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	FIVE BRIDGES FOUNDATION PO BOX 194405 SAN FRANCISCO, CA 94119-4405	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	INNER SPARK FOUNDATION PO BOX 475685 SAN FRANCISCO, CA 94147	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	UNITED CEREBRAL PALSY OF THE NORTH BAY 3835 CYPRESS DRIVE SUITE 103 PETALUMA, CA 94954-6966	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	WILMINGTON TRUST 650 TOWN CENTER DRIVE COSTA MESA, CA 92626-7121	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BECOMING INDEPENDENT	Employer identification number 94-2641147
---	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<u>MARTHA WREN</u> <u>3219 GRAND AVE S</u> <u>MINNEAPOLIS, MN 55408-3708</u>	\$ <u>12,912.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>ESTATE OF ALEX B. HIRSCH</u> <u>1425 CORPORATE CENTER PARKWAY</u> <u>SANTA ROSA, CA 95407</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<u>BROWN & BROWN OF NORTHERN CALIFORNIA</u> <u>3 HAMILTON LANDING, SUITE 160</u> <u>NOVATO, CA 94949</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<u>HAMEL</u> <u>685 JONIVE ROAD</u> <u>SEBASTOPOL, CA 95472</u>	\$ <u>18,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	PROGRAM EQUIPMENT			.000	16	287,530.			287,530.	235,677.		17,169.
2	OFFICE EQUIPMENT			.000	16	549,921.			549,921.	405,926.		50,111.
3	VEHICLES			.000	16	1,529,068.			1,529,068.	981,790.		132,623.
4	BUILDINGS & IMPROVEMENTS			.000	16	2,118,290.			2,118,290.	545,157.		84,882.
6	SOUTH CAMPUS BUILDINGS			.000	16	1,977,431.			1,977,431.	164,786.		49,436.
7	LAND		L			2,277,768.			2,277,768.			0.
8	LEASEHOLD IMPROVEMENTS			.000	16	130,496.			130,496.	39,911.		20,601.
	* TOTAL 990 PAGE 2 DEPR					8,870,504.		0.	8,870,504.	2,373,247.	0.	354,822.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
MUTUAL FUND SHARES	169,906.	171,101.	0.	-1,195.
TO FORM 990, PART I, LINE 8	169,906.	171,101.	0.	-1,195.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
LAND & BUILDING - LOMITAS AVE. SANTA ROSA, CA	07/01/05	07/11/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
JAMES BENNETT	420,000.	320,000.	28,530.	37,000.	108,470.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
VEHICLES	04/23/98	05/31/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
N/A	0.	29,680.	0.	26,784.	-2,896.
TO FM 990, PART I, LN 8	420,000.	349,680.	28,530.	63,784.	105,574.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
DINNER UNDER THE STARS	46,250.		46,250.	37,105.	9,145.
TO FM 990, PART I, LINE 9	46,250.		46,250.	37,105.	9,145.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
CHANGE IN UNREALIZED LOSSES ON INVESTMENTS CARRIED AT FAIR MARKET VALUE	-79,797.
TOTAL TO FORM 990, PART I, LINE 20	-79,797.

FORM 990	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
VEHICLE EXPENSE	470,381.	470,381.	0.	0.
INSURANCE	115,478.	90,954.	24,164.	360.
REPAIRS & MAINTENANCE	131,429.	103,438.	24,020.	3,971.
UTILITIES	119,100.	99,312.	19,788.	0.
MARKETING	39,288.	1,979.	18,689.	18,620.
WORKERS COMPENSATION	287,290.	278,717.	8,007.	566.
FUNDRAISING	16,425.	2,560.	0.	13,865.
OTHER	91,301.	46,352.	31,468.	13,481.
PROFESSIONAL FEES	248,493.	73,173.	85,552.	89,768.
AMORTIZATION	71,114.	30,665.	40,449.	0.
TOTAL TO FM 990, LN 43	1,590,299.	1,197,531.	252,137.	140,631.

DESCRIPTION OF PROGRAM SERVICE ONE

BECOMING INDEPENDENT PROVIDED SERVICES TO APPROXIMATELY 1,100 MEN, WOMEN, AND CHILDREN WITH DISABILITIES AND THEIR FAMILIES OVER THE COURSE OF THE YEAR. THOSE SERVICES INCLUDE ONE OR MORE OF THE FOLLOWING: EMPLOYMENT SUPPORT SERVICES WHICH PROMOTES JOBS FOR PEOPLE WITH DISABILITIES. BECOMING INDEPENDENT ASSISTS 400 PEOPLE IN SECURING EMPLOYMENT EACH YEAR PROVIDING AN INFUSION OF INCOME INTO OUR LOCAL ECONOMY. COMMUNITY LIVING SUPPORTS WHICH PROVIDES INSTRUCTION, ASSISTANCE AND SUPPORT TO PEOPLE WITH DEVELOPMENTAL DISABILITIES IN ALL LIVING AREAS. ARTWORKS WHICH ASSISTS PEOPLE WITH DISABILITIES TO EXPLORE AND DEVELOP THEIR PERSONAL CREATIVITY BY PROVIDING ARTISTS WITH INSTRUCTION, INSPIRATION AND ENCOURAGEMENT. BI ARTISTS HAVE WON SEVERAL COMMUNITY ART COMPETITIONS IN THE PAST YEARS WITHOUT EVER IDENTIFYING THEMSELVES AS DISABLED. FAMILY RESOURCE AND ADVOCACY SERVICES HELP SUPPORT FAMILIES IN A VARIETY OF WAYS. CURRENTLY, BI PROVIDES RESOURCES AND INFORMATION TO FAMILIES REGARDING SERVICE OPTIONS, HEALTH CARE OPTIONS, RECREATION, SOCIAL SUPPORT, EDUCATION ASSISTANCE AND OFTEN JUST A CALM FORCE OF SUPPORT WHEN A FAMILY IS IN CRISIS. THE FAMILY RESOURCE AND ADVOCACY CENTER OFFERS SUPPORT GROUPS FOR PARENTS AND CHILDREN, COMPETITIVE BOWLING LEAGUES, AND MONTHLY EDUCATIONAL FORUMS TO ASSIST PARENTS, PROFESSIONALS AND THE COMMUNITY. BI'S ADULT CONTINUING EDUCATION PROGRAM PROVIDES LIFE-LONG LEARNING. EACH DAY AT BI OVER 400 INDIVIDUALS WITH DISABILITIES COME TO ONE OF FOUR SITES IN SONOMA COUNTY TO PARTICIPATE IN A VARIETY OF ACTIVITIES. THE EDUCATIONAL ACTIVITIES INCLUDE PHYSICAL FITNESS PROGRAMS, COMPUTER LAB, VOLUNTEER SERVICE TO OTHER NON-PROFIT ORGANIZATIONS, SENIOR CITIZEN PROGRAMS, GARDENING AND THERAPEUTIC HORTICULTURE, ARTS AND CRAFTS, AND PARTICIPATION IN A VARIETY OF OUTINGS AND ACTIVITIES IN THE COMMUNITY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	_____	_____
	_____	11,837,865.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

TO PROMOTE COMMUNITY INCLUSION AND PARTICIPATION FOR ADULTS AND CHILDREN WITH DISABILITIES. OUR VISION IS AN IMPROVED QUALITY OF LIFE, MEANINGFUL WORK, RECREATION, AND THE SUPPORT OF FAMILY, FRIENDS, AND THE COMMUNITY. WE SUPPORT THE WHOLE PERSON FOR HIS/HER ENTIRE LIFE THROUGH INDIVIDUAL SUPPORTS.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PROGRAM EQUIPMENT	287,530.	252,846.	34,684.
OFFICE EQUIPMENT	549,921.	456,037.	93,884.
VEHICLES	1,529,068.	1,114,413.	414,655.
BUILDINGS & IMPROVEMENTS	2,118,290.	630,039.	1,488,251.
SOUTH CAMPUS BUILDINGS	1,977,431.	214,222.	1,763,209.
LAND	2,277,768.	0.	2,277,768.
LEASEHOLD IMPROVEMENTS	130,496.	60,512.	69,984.
TOTAL TO FORM 990, PART IV, LN 57	8,870,504.	2,728,069.	6,142,435.

FORM 990 OTHER ASSETS STATEMENT 9

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEBT ISSUANCE COSTS	227,764.	216,648.
DEBT SERVICE RESERVE	499,015.	493,867.
ASSETS HELD IN TRUST	27,494.	6,675.
LEASE DEPOSITS	154,383.	162,286.
CASH VALUE OF LIFE INSURANCE	162,902.	68,311.
PREPAID INSURANCE	290,627.	276,450.
TOTAL TO FORM 990, PART IV, LINE 58	1,362,185.	1,224,237.

FORM 990	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION		BEGINNING OF YEAR	END OF YEAR
CURRENT PORTION OF LONG TERM DEBT		206,600.	210,766.
TOTAL TO FORM 990, PART IV, LINE 65		206,600.	210,766.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	11		
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
OTHER INVESTMENTS	FMV			1,192,537.	1,192,537.
TO FORM 990, LINE 54A, COL B				1,192,537.	1,192,537.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN MCCUE 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	CEO/CONSULTANT 40.00	173,813.	0.	0.
CARIN LAWRENCE 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	CHIEF OF SERVICES 40.00	74,815.	0.	0.
CAMI WEAVER 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	CEO/COO 40.00	92,850.	0.	0.
JOSEF KELLER 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	BOARD MEMBER 1.00	0.	0.	0.
EILEEN ADAMS 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	BOARD PRESIDENT 2.00	0.	0.	0.
RICHARD JOHNSON 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	BOARD VICE PRESIDENT 2.00	0.	0.	0.
LEO BARCLAY 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	BOARD TREASURER 1.00	0.	0.	0.
BONNIE BURRELL 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.	0.	0.
NANCY GARCIA 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.	0.	0.
DIANE HOBAUGH 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.	0.	0.
JIM KIRKBRIDE 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.	0.	0.

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ELISSA MORRASH 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.	0.	0.
JASMINE MARKS 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.	0.	0.
BILL REINKING 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.	0.	0.
DR. DOUG VON BRAUCHITSCH 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.	0.	0.
LYNNE WALLACE 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A 341,478. 0. 0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 13
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PROGRAM SERVICE REVENUE WAS PROVIDED BY THE FOLLOWING ENTITIES: SANTA ROSA JUNIOR COLLEGE, COTATI-ROHNERT PARK UNIFIED SCHOOL DISTRICT SONOMA VALLEY UNIFIED SCHOOL DISTRICT, AND NORTH BAY REGIONAL CENTER. SERVICE FEES ARE THE FEES THAT BI RECEIVES TO PROVIDE DIRECT SUPPORT TO CLIENTS WITH DISABILITIES. BI SERVES EACH INDIVIDUAL BASED ON HIS OR HER SUPPORT NEED AND ABILITY. BI HAS PARTNERED WITH OVER 130 LOCAL EMPLOYERS WHO HAVE HIRED OUR UNIQUE WORKFORCE. OVER 400 INDIVIDUALS BENEFITED FROM EMPLOYMENT SUPPORT AT BI. THE WORK ACTIVITIES REVENUE IS GENERATED BY CONTRACTS THAT ARE MADE WITH COMMUNITY BUSINESSES.
103A	MISC INCOME FROM OTHER PROGRAM SERVICE REVENUE

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 14

FOLLOWING A REVIEW ALL LOCAL BANKING ALTERNATIVES, THE ORGANIZATION CONTRACTED WITH A BANK TO PROVIDE INVESTMENT MANAGEMENT ADVICE AND HOLD THE ORGANIZATION'S INVESTMENTS IN TRUST. ONE OF THE ORGANIZATION'S BOARD MEMBERS IS ALSO A BOARD MEMBER OF THE BANK.

SCHEDULE A	OTHER INCOME			STATEMENT 15
<u>DESCRIPTION</u>	<u>2006 AMOUNT</u>	<u>2005 AMOUNT</u>	<u>2004 AMOUNT</u>	<u>2003 AMOUNT</u>
OTHER INCOME	74,062.	114,818.	41,783.	79,410.
TOTAL TO SCHEDULE A, LINE 22	<u>74,062.</u>	<u>114,818.</u>	<u>41,783.</u>	<u>79,410.</u>

Depreciation and Amortization 990
(Including Information on Listed Property)

2007

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

BECOMING INDEPENDENT

FORM 990 PAGE 2

94-2641147

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	354,822.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	354,822.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year:	:	:			
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2007, or fiscal year beginning JUL 1, 2007, and ending JUN 30, 2008

2007

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Return ID (20-digit number) ▶ N/A

Name of exempt organization BECOMING INDEPENDENT **Employer identification number** 94-2641147

Name and title of officer CAMI WEAVER
CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>13522575</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BEELS SOPER LLP **ERO firm name** to enter my PIN 95407 **do not enter all zeros**

as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 68229094952
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

2007

California Exempt Organization Annual Information Return

199

For calendar year 2007 or fiscal year beginning month JULY day 1 year 2007, and ending month JUNE day 30 year 2008.

IMPORTANT: Your number is required.

California corporation number 973302 Federal employer identification number (FEIN) 94-2641147

Corporation/Organization name

BECOMING INDEPENDENT

Address (including suite, room, or PMB no.)

1425 CORPORATE CENTER PARKWAY

City SANTA ROSA, CA State CA ZIP Code 95407

A Final return? Check applicable box. Yes No
 Dissolved Withdrawn Merged/Reorganized (attach explanation)
 If a box is checked, enter date

B Check forms filed this year: State: 109 100 100S 100W
 Federal: 990 990EZ 990T 990PF 1041 1120H 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.**

D Is this a group filing? See General Instruction N Yes No

E Accounting method used **ACCRUAL**

F Type of organization Exempt under Section 23701 d (insert letter)
 IRC Section 4947(a)(1) trust

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	13408029.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions STMT 1	3	637,178.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	4	14045207.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	485,527.00
	7	Total costs. Add line 5 and line 6	7	485,527.00
	8	Total gross income. Subtract line 7 from line 4	8	13559680.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	13430621.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	129,059.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Penalty for failure to file on time. See General Instruction L	12	00
	13	Use tax. See "General Instruction M"	13	00
	14	Balance due. Add line 11, line 12, and line 13	14	10.00

- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
- 16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 17 Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? Yes No
 If "Yes," enter amount of total income reported \$ _____
- 19 The financial records are in care of **BECOMING INDEPENDENT, INC.** Daytime telephone **707-524-6600**

located at **1425 CORPORATE CENTER PKWY., SANTA ROSA, CA 95407**

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **CEO** Daytime telephone: _____

Paid Preparer's Use Only

Paid Preparer's signature: **DONNA J. BEELS** Date: _____ Check if self-employed: Paid preparer's SSN or PTIN: **P00454351**

Firm's name (or yours, if self-employed) and address: **BEELS SOPER LLP** FEIN: **20-2877111**
19 KELLER STREET
PETALUMA, CA 94952 Daytime telephone: **707.763.3888**

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

728951/12-14-07

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	46,250.00
	2	Interest	2	36,698.00
	3	Dividends	3	46,079.00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets	6	589,906.00
	7	Other income	7	12689096.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	13408029.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees	11	341,478.00
	12	Other salaries and wages	12	8,094,022.00
	13	Interest	13	306,386.00
	14	Taxes	14	635,617.00
	15	Rents	15	295,360.00
	16	Depreciation and depletion	16	354,822.00
	17	Other	17	3,402,936.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	13430621.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		544,578.		524,109.
2	Net accounts receivable		1,040,148.		1,308,388.
3	Net notes receivable STMT 6		27,620.		141,425.
4	Inventories		6,049.		
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans (number of loans _____)				
9	Other investments STMT 7		1,232,389.		1,192,537.
10 a	Depreciable assets	6,615,235.		6,592,736.	
b	Less accumulated depreciation	(2,439,926.)	4,175,309.	(2,728,069.)	3,864,667.
11	Land		2,412,768.		2,277,768.
12	Other assets STMT 8		1,380,218.		1,291,581.
13	Total assets		10,819,079.		10,600,475.
Liabilities and net worth					
14	Accounts payable		914,183.		861,901.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable STMT 9		25,575.		18,975.
17	Mortgages payable		5,683,170.		5,470,020.
18	Other liabilities STMT 10		206,600.		210,766.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		3,989,551.		4,038,813.
22	Total liabilities and net worth		10,819,079.		10,600,475.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	129,059.	
2	Federal income tax		7
3	Excess of capital losses over capital gains		Income recorded on books this year not included in this return
4	Income not recorded on books this year		
5	Expenses recorded on books this year not deducted in this return		8
6	Total.		Deductions in this return not charged against book income this year
Add line 1 through line 5	129,059.		9
			Total. Add line 7 and line 8
			10
			Net income per return.
			Subtract line 9 from line 6
			129,059.

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
JAYNE HAMEL	685 JONIVE ROAD SEBASTOPOL, CA 95472		15,000.
MORTON & BASSETT SPICES	84 GALLI DRIVE NOVATO, CA 94949		20,000.
FIVE BRIDGES FOUNDATION	PO BOX 194405 SAN FRANCISCO, CA 94119-4405		20,000.
INNER SPARK FOUNDATION	PO BOX 475685 SAN FRANCISCO, CA 94147		15,000.
UNITED CEREBRAL PALSY OF THE NORTH BAY	3835 CYPRESS DRIVE SUITE 103 PETALUMA, CA 94954-6966		5,000.
WILMINGTON TRUST	650 TOWN CENTER DRIVE COSTA MESA, CA 92626-7121		35,000.
MARTHA WREN	3219 GRAND AVE S MINNEAPOLIS, MN 55408-3708		12,912.
ESTATE OF ALEX B. HIRSCH	1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407		5,000.
BROWN & BROWN OF NORTHERN CALIFORNIA	3 HAMILTON LANDING, SUITE 160 NOVATO, CA 94949		5,000.
HAMEL	685 JONIVE ROAD SEBASTOPOL, CA 95472		18,000.
TOTAL INCLUDED ON LINE 3			150,912.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
MUTUAL FUND SHARES	01/06/07	02/06/08	PURCHASED	
NAME OF BUYER	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
N/A	171,101.	0.	0.	169,906.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
LAND & BUILDING - LOMITAS AVE. SANTA ROSA, CA	07/01/05	07/11/07	PURCHASED	
NAME OF BUYER	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
JAMES BENNETT	320,000.	37,000.	28,530.	420,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
VEHICLES	04/23/98	05/31/08	PURCHASED	
NAME OF BUYER	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
N/A	29,680.	26,784.	0.	0.

TOTAL TO FORM 199, PAGE 2, LN 6	520,781.	63,784.	28,530.	589,906.
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FORM 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
OTHER SERVICE REVENUE	36,978.
SERVICE FEES	11,887,682.
WORK ACTIVITIES REVENUE	764,436.
TOTAL TO FORM 199, PART II, LINE 7	12,689,096.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JOHN MCCUE 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	CEO/CONSULTANT 40.00	173,813.
CARIN LAWRENCE 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	CHIEF OF SERVICES 40.00	74,815.
CAMI WEAVER 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	CEO/COO 40.00	92,850.
JOSEF KELLER 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	BOARD MEMBER 1.00	0.
EILEEN ADAMS 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	BOARD PRESIDENT 2.00	0.
RICHARD JOHNSON 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	BOARD VICE PRESIDENT 2.00	0.
LEO BARCLAY 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	BOARD TREASURER 1.00	0.
BONNIE BURRELL 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.
NANCY GARCIA 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.
DIANE HOBAUGH 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.
JIM KIRKBRIDE 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.

BECOMING INDEPENDENT

94-2641147

ELISSA MORRASH 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.
JASMINE MARKS 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.
BILL REINKING 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.
DR. DOUG VON BRAUCHITSCH 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.
LYNNE WALLACE 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11	<u>341,478.</u>
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FORM 199	OTHER EXPENSES	STATEMENT	5
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
VEHICLE EXPENSE	470,381.
INSURANCE	115,478.
REPAIRS & MAINTENANCE	131,429.
UTILITIES	119,100.
MARKETING	39,288.
WORKERS COMPENSATION	287,290.
FUNDRAISING	16,425.
OTHER	91,301.
PROFESSIONAL FEES	248,493.
AMORTIZATION	71,114.
	0.
DIRECT EXPENSES OF FUNDRAISING EVENTS	37,105.
OTHER EMPLOYEE BENEFITS	1,156,226.
SUPPLIES	259,560.
TELEPHONE	106,257.
POSTAGE AND SHIPPING	60,606.
TRAVEL	149,254.
CONFERENCES, CONVENTIONS AND MEETINGS	43,629.
TOTAL TO FORM 199, PART II, LINE 17	<u>3,402,936.</u>

FORM 199	NET NOTES RECEIVABLE	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
OTHER NOTES AND LOANS RECEIVABLE		27,620.	141,425.
TOTAL TO FORM 199, SCHEDULE L, LINE 3		27,620.	141,425.

FORM 199	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
OTHER INVESTMENTS		1,232,389.	1,192,537.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		1,232,389.	1,192,537.

FORM 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES		18,033.	67,344.
DEBT ISSUANCE COSTS		227,764.	216,648.
DEBT SERVICE RESERVE		499,015.	493,867.
ASSETS HELD IN TRUST		27,494.	6,675.
LEASE DEPOSITS		154,383.	162,286.
CASH VALUE OF LIFE INSURANCE		162,902.	68,311.
PREPAID INSURANCE		290,627.	276,450.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		1,380,218.	1,291,581.

FORM 199	BONDS AND NOTES PAYABLE	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
OTHER NOTES PAYABLE		25,575.	18,975.
TOTAL TO FORM 199, SCHEDULE L, LINE 16		25,575.	18,975.

FORM 199	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CURRENT PORTION OF LONG TERM DEBT	206,600.	210,766.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	206,600.	210,766.

FORM 199	FUND BALANCES	STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	3,213,780.	3,280,376.
TEMPORARILY RESTRICTED ASSETS	774,771.	757,437.
PERMANENTLY RESTRICTED ASSETS	1,000.	1,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	3,989,551.	4,038,813.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 94-2641147

Corporation name

California corporation number

BECOMING INDEPENDENT

973302

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under Section 179 for California	1	\$25,000
2	Total cost of Section 179 property placed in service	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected Section 179 cost)	7	
8	Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	12	8,870,504.	2,373,247.				
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	354,822.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	354,822.
17	Total depreciation claimed for federal purposes from federal Form 4562 or Form 4562-FY, line 22	17	354,822.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562 or Form 4562-FY, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12					22	

CA 3885		DEPRECIATION				STATEMENT 12	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1	PROGRAM EQUIPMENT	287,530.	235,677.		.000	17,169.	
2	OFFICE EQUIPMENT	549,921.	405,926.		.000	50,111.	
3	VEHICLES	1,529,068.	981,790.		.000	132,623.	
4	BUILDINGS & IMPROVEMENTS	2,118,290.	545,157.		.000	84,882.	
6	SOUTH CAMPUS BUILDINGS	1,977,431.	164,786.		.000	49,436.	
7	LAND	2,277,768.		L		0.	
8	LEASEHOLD IMPROVEMENTS	130,496.	39,911.		.000	20,601.	
TOTAL DEPR TO FORM 3885		8,870,504.	2,373,247.			354,822.	

MAIL TO:
 Registry of Charitable Trusts
 P. O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 037905 BECOMING INDEPENDENT <small>Name of Organization</small> 1425 CORPORATE CENTER PARKWAY <small>Address (Number and Street)</small> SANTA ROSA, CA 95407 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. 973302 Federal Employer I.D. No. 94-2641147
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2007 ending 06/30/2008) list:
 Gross annual revenue \$ 13,522,575. Total assets \$ 10,600,475.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? <p align="right">SEE STATEMENT 13</p>	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <p align="right">SEE STATEMENT 14</p>	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 707.524.6600

Organization's e-mail address BECOMINGINDEPENDENT.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

CAMI WEAVER **CEO**

Signature of authorized officer Printed Name Title Date

FOLLOWING A REVIEW OF ALL LOCAL BANKING ALTERNATIVES, THE ORGANIZATION CONTRACTED WITH A BANK TO PROVIDE INVESTMENT MANAGEMENT ADVICE AND HOLD THE ORGANIZATION'S INVESTMENTS IN TRUST. ONE OF THE ORGANIZATION'S BOARD MEMBERS IS ALSO A BOARD MEMBER OF THE BANK.

THE ORGANIZATION RECEIVES SIGNIFICANT FUNDING IN THE FORM OF FEES PAID DIRECTLY AND INDIRECTLY BY GOVERNMENTAL ORGANIZATIONS FOR SERVICES PROVIDED TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. BECOMING INDEPENDENT RECEIVED APPROXIMATELY 90% OF ITS PROGRAM SERVICE REVENUES FROM THE FOLLOWING AGENCIES:

NORTH BAY REGIONAL CENTER (FUNDING PROVIDED BY THE STATE OF CALIFORNIA)
10 EXECUTIVE COURT
NAPA, CA 94558 707.256.1100

SANTA ROSA JUNIOR COLLEGE
1501 MENDOCINO AVE.
SANTA ROSA, CA 95401 707.527.4011

STATE OF CALIFORNIA DEPT. OF REHABILITATION
50 D STREET, SUITE 425
SANTA ROSA, CA 95404 707.576.2233

SONOMA VALLEY UNIFIED SCHOOL DISTRICT
17850 RAILROAD AVE
SONOMA, CA 95476 707.935.6000

COTATI-ROHNERT PARK UNIFIED SCHOOL DISTRICT
5860 LABATH AVE.
ROHNERT PARK, CA 94928 707.792.4722