

**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)

**2010**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>BECOMING INDEPENDENT</b>		<b>D Employer identification number</b> <b>94-2641147</b>
	Doing Business As		<b>E Telephone number</b> <b>707.524.6600</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> <b>14,828,351.</b>
	<b>1425 CORPORATE CENTER PARKWAY</b>		
	City or town, state or country, and ZIP + 4 <b>SANTA ROSA, CA 95407</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F Name and address of principal officer: CAMI WEAVER</b> <b>1425 CORPORATE CENTER PARKWAY, SANTA ROSA, CA</b>		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶	
<b>J Website:</b> ▶ <b>HTTP://WWW.BECOMINGINDEPENDENT.ORG/</b>		<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		<b>L Year of formation:</b> <b>1980</b> <b>M State of legal domicile:</b> <b>CA</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE COMMUNITY INCLUSION AND PARTICIPATION FOR ADULTS AND CHILDREN WITH DISABILITIES.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) <b>5</b> <b>780</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>60</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>

<b>Revenue</b>		Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 1h)	723,008.
<b>9</b> Program service revenue (Part VIII, line 2g)	13,899,143.	13,787,097.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58,651.	57,365.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,001.	-6,925.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,677,801.	14,485,592.	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,945,907.	11,012,501.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>308,471.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,750,297.	3,027,732.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,696,204.	14,040,233.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	981,597.	445,359.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 12,681,748.	End of Year 12,924,577.
	<b>21</b> Total liabilities (Part X, line 26)	6,511,188.	6,136,035.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	6,170,560.	6,788,542.

**Part II Signature Block**

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.

<b>Sign Here</b>	▶ Signature of officer		Date		
	▶ <b>CAMI WEAVER, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DONNA J. BEELS</b>	Preparer's signature	Date <b>05/21/12</b>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ <b>BEELS SOPER LLP</b>	Firm's EIN ▶		Phone no. <b>707.763.3888</b>	
	Firm's address ▶ <b>19 KELLER STREET</b> <b>PETALUMA, CA 94952</b>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: OUR VISION FOR PEOPLE WITH DISABILITIES 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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 8,044,199. including grants of \$ ) (Revenue \$ 7,772,417.) BECOMING INDEPENDENT PROVIDED SERVICES TO APPROXIMATELY 1,300 MEN, WOMEN AND CHILDREN WITH DISABILITIES AND THEIR FAMILIES OVER THE COURSE OF THE YEAR. THE LARGEST PROGRAM SERVICES ARE PROVIDED IN THE CONTINUING ADULT EDUCATION PROGRAMS. COMMUNITY OUTINGS, COMPUTER AND VIDEO LABS, GARDENING, PHYSICAL FITNESS, EXERCISE MUSIC AND ART PROGRAMS ALL PROVIDE ON-GOING TRAINING, RECREATION, AND SOCIAL OPPORTUNITIES FOR BI PARTICIPANTS. THE BI ARTWORKS PROGRAM, IN PARTICULAR, PROVIDES MEN AND WOMEN OPPORTUNITIES TO EXPLORE THEIR OWN PERSONAL CREATIVITY RESULTING IN INTUITIVE, OUTSIDER ARTWORKS THAT RECEIVE WIDE RECOGNITION IN THE COMMUNITY. ART PRODUCED IS FEATURED AT BI'S OWN GALLERY, THE GALLERY OF SEA AND HEAVEN, AND OTHER GALLERIES AND BUSINESSES THROUGHOUT SONOMA COUNTY. IN ADDITION TO PROVIDING A

4b (Code: ) (Expenses \$ 3,545,570. including grants of \$ ) (Revenue \$ 5,182,655.) COMMUNITY LIVING SUPPORT SERVICES (CLS):

THIS SERVICE IS A MAJOR ASSET FOR HUNDREDS OF PEOPLE AT BECOMING INDEPENDENT WHO CHOOSE TO LIVE A LIFE OF INDEPENDENCE AND FREEDOM WITH THE SUPPORT OF STAFF AND VOLUNTEERS AT BI. THE PROGRAM PROVIDES A CUSTOMIZED ARRAY OF COMMUNITY-BASED SERVICES TO INDIVIDUALS AND THEIR FAMILIES INCLUDING IN HOME SUPPORT, DAY AND OVERNIGHT TRIPS, EVENING CLASSES IN A VARIETY OF AREAS, AND SELF ADVOCACY GROUPS. COMMUNITY LIVING SUPPORTS SERVICES ARE AVAILABLE TO ANYONE WHO WISHES TO LIVE IN A HOME OF THEIR OWN AND CHOOSES TO COLLABORATE WITH BECOMING INDEPENDENT IN ACHIEVING THOSE GOALS. DESIGNED TO ENABLE PEOPLE WITH DISABILITIES TO LIVE INDEPENDENTLY AND TO SHARE THE SAME REWARDS AND

4c (Code: ) (Expenses \$ 964,195. including grants of \$ ) (Revenue \$ 832,025.) TRANSPORTATION SERVICES:

FOR NEARLY 40 YEARS BI HAS PROVIDED RIDES TAKING PEOPLE TO AND FROM THEIR HOMES AND JOBS, BI PROGRAM SITES AND COMMUNITY EVENTS IN SONOMA COUNTY. THE BI FLEET HAS OVER 60 VEHICLES, MANY OF WHICH ARE EQUIPPED WITH WHEELCHAIR LIFTS.

AN ADDITIONAL SERVICE, THE BI-EXPRESS, PROVIDES A CRITICAL WEEKEND AND EVENING SERVICE FOR PEOPLE WITH DISABILITIES WHO DON'T HAVE ACCESS TO ALTERNATIVE TRANSPORTATION DURING THOSE TIMES. THIS AFTER-HOURS SERVICE RELIES SOLELY ON DONATIONS FROM GENEROUS SUPPORTERS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 12,553,964.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		
20b			

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		15
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		15
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **BECOMING INDEPENDENT, INC. - (707) 524-6600**  
**1425 CORPORATE CENTER PKWY., SANTA ROSA, CA 95407**

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JERRY FABIANO SECRETARY	1.00	X					0.	0.	0.	
EILEEN ADAMS BOARD TREASURER	2.00	X					0.	0.	0.	
RICHARD JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
LEO BARCLAY DIRECTOR	1.00	X					0.	0.	0.	
KEN MAIOLINI BOARD PRESIDENT	2.00	X					0.	0.	0.	
BONNIE BURRELL BOARD VICE PRESIDENT	2.00	X					0.	0.	0.	
DIANE HOBAUGH DIRECTOR	1.00	X					0.	0.	0.	
SCOTT ORMEROD DIRECTOR	1.00	X					0.	0.	0.	
BOB NUGENT DIRECTOR	1.00	X					0.	0.	0.	
ELLIE ROWLAND DIRECTOR	1.00	X					0.	0.	0.	
CINDY WHITE DIRECTOR	1.00	X					0.	0.	0.	
ROSIE SCHUELER DIRECTOR	1.00	X					0.	0.	0.	
CAMI WEAVER CEO	40.00			X	X		110,269.	0.	2,629.	





**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	288,000.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	360,055.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f		648,055.				
	Program Service Revenue	2 a	<b>SERVICE FEES</b>	Business Code 624100	13,059,086.	13,059,086.		
b		<b>WORK ACTIVITIES REVENUE</b>	624310	728,011.	728,011.			
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		13,787,097.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		43,062.			43,062.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			14,303.			14,303.
	8 a	Gross income from fundraising events (not including \$ 288,000. of contributions reported on line 1c). See Part IV, line 18	a		35,800.			
		Less: direct expenses	b		42,725.			
		Net income or (loss) from fundraising events			-6,925.			-6,925.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a								
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d							
12	<b>Total revenue.</b> See instructions.			14,485,592.	13,787,097.	0.	50,440.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	8,969,692.	7,998,690.	809,884.	161,118.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	1,345,134.	1,233,190.	99,681.	12,263.
10 Payroll taxes .....	697,675.	627,015.	58,658.	12,002.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....				
13 Office expenses .....				
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....				
17 Travel .....	181,222.	177,444.	2,896.	882.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....	264,701.	255,326.	7,720.	1,655.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	361,297.	346,779.	11,034.	3,484.
23 Insurance .....	83,685.	77,436.	5,872.	377.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>VEHICLE EXPENSE</b> .....	484,599.	484,461.	75.	63.
b <b>WORKERS COMPENSATION</b> .....	309,165.	296,140.	11,172.	1,853.
c <b>RENT</b> .....	307,882.	305,463.	2,039.	380.
d <b>SUPPLIES</b> .....	285,190.	217,145.	23,047.	44,998.
e <b>REPAIRS &amp; MAINTENANCE</b> .....	214,968.	201,663.	11,989.	1,316.
f All other expenses .....	535,023.	333,212.	133,731.	68,080.
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	14,040,233.	12,553,964.	1,177,798.	308,471.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,566.	<b>1</b>	2,844,208.	
	<b>2</b> Savings and temporary cash investments .....	3,143,238.	<b>2</b>	203,889.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	1,245,855.	<b>4</b>	1,262,269.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....	120,305.	<b>7</b>	193,000.	
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	68,252.	<b>9</b>	41,006.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,498,480.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,525,331.	6,015,489.	<b>10c</b>	5,973,149.
	<b>11</b> Investments - publicly traded securities .....	975,727.	<b>11</b>	1,310,777.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....	191,760.	<b>14</b>	179,316.	
	<b>15</b> Other assets. See Part IV, line 11 .....	916,556.	<b>15</b>	916,963.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	12,681,748.	<b>16</b>	12,924,577.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,215,795.	<b>17</b>	1,069,092.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	5,067,025.	<b>23</b>	4,830,000.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	228,368.	<b>25</b>	236,943.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,511,188.	<b>26</b>	6,136,035.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	5,569,976.	<b>27</b>	6,357,205.	
	<b>28</b> Temporarily restricted net assets .....	599,584.	<b>28</b>	430,337.	
	<b>29</b> Permanently restricted net assets .....	1,000.	<b>29</b>	1,000.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	6,170,560.	<b>33</b>	6,788,542.	
<b>34</b> Total liabilities and net assets/fund balances .....	12,681,748.	<b>34</b>	12,924,577.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,485,592.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,040,233.
3	Revenue less expenses. Subtract line 2 from line 1	3	445,359.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,170,560.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	172,623.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,788,542.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,065,781.	637,178.	503,096.	485,190.	556,856.	3,248,101.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	11,081,228.	11,619,442.	13,805,448.	13,899,143.	13,748,513.	64,153,774.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	12,147,009.	12,256,620.	14,308,544.	14,384,333.	14,305,369.	67,401,875.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	538,314.	17,182.	3,220.	22,463.	25,480.	606,659.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....	538,314.	17,182.	3,220.	22,463.	25,480.	606,659.
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						66,795,216.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....	12,147,009.	12,256,620.	14,308,544.	14,384,333.	14,305,369.	67,401,875.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	155,401.	1,785.	-52,322.	90,174.	229,988.	425,026.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	155,401.	1,785.	-52,322.	90,174.	229,988.	425,026.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	74,062.	142,552.	29,734.		38,584.	284,932.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....	12,376,472.	12,400,957.	14,285,956.	14,474,507.	14,573,941.	68,111,833.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	98.07 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	98.15 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	.62 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>	.38 %

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

BECOMING INDEPENDENT

Employer identification number

94-2641147

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement and charitable purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held easements at end of tax year (2a-2d), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for revenues and assets.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	164,230.	331,154.	482,262.		
b Contributions	91,199.		55,600.		
c Net investment earnings, gains, and losses			7,716.		
d Grants or scholarships					
e Other expenditures for facilities and programs	162,730.	166,924.	214,424.		
f Administrative expenses					
g End of year balance	92,699.	164,230.	331,154.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  98.92 %
- b Permanent endowment  1.08 %
- c Term endowment  .00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,277,768.		2,277,768.
b Buildings		4,428,995.	1,276,718.	3,152,277.
c Leasehold improvements		110,260.	82,129.	28,131.
d Equipment		884,565.	784,657.	99,908.
e Other		1,796,892.	1,381,827.	415,065.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>5,973,149.</b>

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEBT SERVICE RESERVE	491,370.
(2) ASSETS HELD IN TRUST	6,054.
(3) DEPOSITS	185,623.
(4) PREPAID INSURANCE	233,916.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	916,963.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CURRENT PORTION OF LONG TERM DEBT	236,943.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	236,943.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,485,592.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,040,233.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	445,359.
4	Net unrealized gains (losses) on investments	4	172,623.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	172,623.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	617,982.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	14,710,940.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	172,623.
b	Donated services and use of facilities	2b	10,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	42,725.
e	Add lines 2a through 2d	2e	225,348.
3	Subtract line 2e from line 1	3	14,485,592.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,485,592.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	14,092,958.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	52,725.
e	Add lines 2a through 2d	2e	52,725.
3	Subtract line 2e from line 1	3	14,040,233.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,040,233.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE ORGANIZATION'S INTENDED USE OF THE QUASI-ENDOWMENT**

FUNDS ARE PRIMARILY FOR CHILDREN'S SERVICES AND CAPITAL IMPROVEMENTS OF ORGANIZATION OWNED BUILDINGS.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

COSTS OF SPECIAL EVENTS - DONATED SERVICES -10,000.

COSTS OF DIRECT BENEFITS TO DONORS - SHOWN AS REDUCTION OF

REVENUE 52,725.

**Part XIV** Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 2D 42,725.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COSTS OF DIRECT BENEFITS TO DONORS - SHOWN AS REDUCTION OF

REVENUE 52,725.

Multiple horizontal lines for supplemental information.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FUNDRAISING DINNER		NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	323,800.			323,800.
	<b>2</b> Less: Charitable contributions .....	288,000.			288,000.
	<b>3</b> Gross income (line 1 minus line 2) .....	35,800.			35,800.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	26,325.			26,325.
	<b>7</b> Food and beverages .....	14,400.			14,400.
	<b>8</b> Entertainment .....	2,000.			2,000.
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 42,725 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-6,925.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

BECOMING INDEPENDENT

Employer identification number

94-2641147

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SENSE OF ACCOMPLISHMENT AND SOMETIMES INCOME, THESE PROGRAMS HIGHLIGHT THE UNIQUE ABILITIES OF EACH INDIVIDUAL. THEY ARE ARTISTS, GARDENERS, FITNESS FANATICS, MUSICIANS, AND LIFELONG LEARNERS.

EARNING A PAYCHECK FOR WORK WELL DONE IS ANOTHER MAIN INTEREST FOR THE PEOPLE CHOOSING BI PROGRAMS. AT ANY TIME DURING THE YEAR, BETWEEN 350 AND 400 MEN AND WOMEN ARE ENROLLED IN BI'S EMPLOYMENT PROGRAM. THEY HOLD DOWN STEADY JOBS, BOTH WITHIN THE BI ORGANIZATIONAL STRUCTURE AND OUTSIDE IN THE BUSINESS COMMUNITY. THE ANNUAL PAYROLL FOR BI WORKERS WAS CLOSE TO \$1 MILLION. PROVIDING VALUED SERVICES FOR MORE THAN 40 YEARS, BI WORKERS DEVOTE THEIR DAYS TO PERFORMING ASSEMBLY LINE TASKS AND PRODUCTION AT MOST BI SITES. OTHERS ARE EMPLOYED IN VINEYARDS, APARTMENT COMPLEXES, SUPERMARKETS, RESTAURANTS, AND OTHER JOBS. EMPLOYMENT IS KEY FOR PEOPLE WITH DISABILITIES SEEKING TO BECOME INDEPENDENT, CONTRIBUTING MEMBERS OF THE COMMUNITY.

THE VALUE OF THE EMPLOYMENT SERVICES CANNOT BE OVERSTATED. WORKERS EMPLOYED THROUGH BI ARE FIERCE IN THEIR DETERMINATION TO SUCCEED. AND, INDEED THEY DO SUCCEED AS EVIDENCED BY THEIR EMPLOYERS WHO REPORT THAT BI WORKERS ARE LOYAL, COMMITTED, FOCUSED AND VALUED MEMBERS OF THE WORKFORCE.

AND, BI IS THERE TO HELP AND INFORM FAMILIES TOO. THE FAMILY RESOURCE AND ADVOCACY CENTER (FRAC) PROVIDES INFORMATION AND ASSISTANCE TO FAMILIES AND CHILDREN WITH SPECIAL NEEDS THROUGH EDUCATION, SUPPORT,



Name of the organization BECOMING INDEPENDENT	Employer identification number 94-2641147
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AND A VARIETY OF DIRECT SERVICES. BI PROVIDES EDUCATIONAL OPPORTUNITIES, ENCOURAGES INFORMATION SHARING IN HOSTED SUPPORT GROUPS, AND KEEPS PARENTS INFORMED OF EVENTS AND NEWS RELEVANT TO THEIR CHILDREN THROUGH THE MONDAY UPDATE EMAIL, WHICH IS DISTRIBUTED WEEKLY TO OVER 500 FAMILIES.

AT OUR CAMPUS IN SANTA ROSA, CA WE HOST THE CELEBRATE COMMUNITY LIBRARY, SUPPLYING BOOKS AND VIDEOS ON DISABILITY-RELATED ISSUES. IT IS A SOURCE OF RESOURCE INFORMATION ABOUT OTHER SUPPORT ORGANIZATIONS, HOUSING, THERAPY PROGRAMS, AND MORE. SELF-ADVOCACY GROUPS FOR ADULTS AND YOUTH WITH DISABILITIES TAKE PLACE HERE AS WELL. IN 2009, THE FRAC LAUNCHED THE TEEN ZONE AFTER SCHOOL PROGRAM FOR YOUNG PEOPLE 13 TO 22 YEARS OLD. AMONG A NUMBER OF COLLABORATIVE PROJECTS, BI HAS PROVIDED EDUCATION AND SUPPORT TO THE LOCAL YMCA IN THE AREA OF INCLUSION OF YOUNGSTERS WITH SPECIAL NEEDS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: RESPONSIBILITIES OF OTHERS IN THE COMMUNITY, COMMUNITY LIVING SUPPORTS INCLUDE INSTRUCTION IN HOME AND MONEY MANAGEMENT TASKS, HEALTH AND SAFETY, SELF-ADVOCACY, ACCESSING COMMUNITY RESOURCES, AND OTHER LIFE SKILLS. SERVICES ARE INDIVIDUALIZED WITH SUPPORT HOURS RANGING FROM WEEKLY TO TWENTY-FOUR HOURS A DAY, SEVEN DAYS A WEEK. ASSESSMENTS ARE COMPLETED PRIOR TO STARTING THE PROGRAM SO GOALS AND NEEDS ARE IDENTIFIED IN ADVANCE. CLS PARTICIPANTS ARE HOMEOWNERS, PARENTS, ADVOCATES, VOLUNTEERS, ATHLETES AND WORLD TRAVELERS.

FORM 990, PART VI, SECTION B, LINE 11: THE PREPARED FORM 990 INCLUDING THE REQUIRED SCHEDULES WAS REVIEWED BY THE CEO AND CONTROLLER PRIOR TO FILING

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WITH THE IRS. THE REVIEW CONSISTED OF READING AND RECONCILING THE FORM 990 TO THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 12C: IF ANY CONFLICTS OF INTEREST OCCUR, THE CONFLICTED BOARD MEMBER WILL ABSTAIN FROM VOTING ON THE MATTER. IF A CONFLICT OF INTEREST OCCURS IT IS GENERALLY DOCUMENTED IN THE MINUTES OF THE APPLICABLE MEETING.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS THE CEO'S COMPENSATION ANNUALLY. LOCAL SALARY SURVEYS AND RELATED DATA ARE ANALYZED AND DISCUSSED TO DETERMINE THE APPROPRIATE COMPENSATION PACKAGE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:  
NET UNREALIZED GAINS ON INVESTMENTS: 172,623.