

BEELS SOPER LLP  
19 KELLER STREET  
PETALUMA, CA 94952

LUANA VAETOE  
1425 CORPORATE CENTER PARKWAY  
SANTA ROSA, CA 95407



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CLIENT'S COPY



**BEELS | SOPER** LLP  
CERTIFIED PUBLIC ACCOUNTANTS

Luana Vaetoe  
Becoming Independent  
1425 Corporate Center Parkway  
Santa Rosa, CA 95407

Dear Luana:

Enclosed is the organization's 2011 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. Return Form 8879-EO to us as soon as possible.

**CALIFORNIA FORM 199 RETURN:**

The Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail a paper copy of the return to the FTB.

No payment is required.

**CALIFORNIA FORM RRF-1:**

Please sign and mail Form RRF-1 as soon as possible.

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, CPA, M.T.  
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)

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

# 2011

Open to Public Inspection

**A** For the **2011** calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

<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</b> Name of organization <b>BECOMING INDEPENDENT</b>		<b>D</b> Employer identification number <b>94-2641147</b>
	Doing Business As		<b>E</b> Telephone number <b>707.524.6600</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1425 CORPORATE CENTER PARKWAY</b>	<b>G</b> Gross receipts \$ <b>14,103,031.</b>	
	City or town, state or country, and ZIP + 4 <b>SANTA ROSA, CA 95407</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>CAMI WEAVER</b> <b>1425 CORPORATE CENTER PARKWAY, SANTA ROSA, CA</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <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>J</b> Website: ▶ <b>HTTP://WWW.BECOMINGINDEPENDENT.ORG/</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1980</b>
<b>M</b> State of legal domicile: <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> 15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 15
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b> 728
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 648,055. Current Year: 397,801.
	<b>9</b> Program service revenue (Part VIII, line 2g)	13,787,097. 13,508,799.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,365. 70,946.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,925. 0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,485,592. 13,977,546.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<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)		11,012,501. 10,789,372.
<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>271,481.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,027,732. 3,181,736.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,040,233. 13,971,108.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	445,359. 6,438.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 12,924,577. End of Year: 12,551,682.
	<b>21</b> Total liabilities (Part X, line 26)	6,136,035. 5,797,168.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	6,788,542. 6,754,514.

## 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>LUANA VAETOE, AGENCY DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DONNA J. BEELS, CPA, M.T.</b>	Preparer's signature	Date <b>05/13/13</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00454351</b>
	Firm's name ▶ <b>BEELS SOPER LLP</b>	Firm's EIN ▶ <b>20-2877111</b>			
	Firm's address ▶ <b>19 KELLER STREET</b> <b>PETALUMA, CA 94952</b>	Phone no. <b>707.763.3888</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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 7,943,539. including grants of \$ ) (Revenue \$ 7,561,761.) 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 \$ 3,473,022. including grants of \$ ) (Revenue \$ 5,077,869.) 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 \$ 992,945. including grants of \$ ) (Revenue \$ 869,169.) 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 12,409,506.

**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 <i>Schedule B, Schedule of Contributors</i> ?	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 for which 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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**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 any government or organization 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		X
<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? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....



Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

BECOMING INDEPENDENT - (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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ELLIE ROWLAND SECRETARY	2.00	X						0.	0.	0.
(2) JOERG OLSON DIRECTOR	2.00	X						0.	0.	0.
(3) SOFIA DUMITRU BOARD TREASURER	2.00	X						0.	0.	0.
(4) GERRY HIPPS DIRECTOR	2.00	X						0.	0.	0.
(5) KEN MAIOLINI DIRECTOR	2.00	X						0.	0.	0.
(6) BONNIE BURRELL BOARD PRESIDENT	2.00	X						0.	0.	0.
(7) JAYNE HAMEL DIRECTOR	2.00	X						0.	0.	0.
(8) JERRY FABIANO BOARD VICE PRESIDENT	2.00	X						0.	0.	0.
(9) CINDY WHITE DIRECTOR	2.00	X						0.	0.	0.
(10) QUINN MORRISON DIRECTOR	2.00	X						0.	0.	0.
(11) SCOTT ORMEROD DIRECTOR	2.00	X						0.	0.	0.
(12) DON PRIAL DIRECTOR	2.00	X						0.	0.	0.
(13) CAMI WEAVER CEO	40.00					X		117,875.	0.	2,705.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-total, c Total from continuation sheets to Part VII, Section A, d Total (add lines 1b and 1c). Values: 117,875, 0, 2,705.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question (3, 4, 5), Yes, No. Questions about former officers, compensation over \$150,000, and compensation from unrelated organizations.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'NONE'.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 397,801.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		397,801.				
	<b>Program Service Revenue</b>	<b>2 a</b> <u>SERVICE FEES</u>	Business Code 624100	12,768,769.	12,768,769.		
<b>b</b> <u>WORK ACTIVITIES REVENUE</u>		624310	740,030.	740,030.			
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			13,508,799.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		43,303.			43,303.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	153128.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	125485.				
		<b>c</b> Gain or (loss)	27,643.				
	<b>d</b> Net gain or (loss)		27,643.			27,643.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b>							
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.			13,977,546.	13,508,799.	0.	70,946.	

**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).

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

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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	8,752,326.	7,752,269.	842,571.	157,486.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,373,512.	1,259,577.	97,824.	16,111.
10 Payroll taxes	663,534.	604,996.	49,175.	9,363.
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	167,333.	165,247.	1,264.	822.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	252,387.	244,064.	6,642.	1,681.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	357,280.	343,826.	10,962.	2,492.
23 Insurance	53,364.	52,372.		992.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>VEHICLE EXPENSE</b>	507,393.	507,018.	375.	
b <b>SUPPLIES</b>	334,024.	287,865.	24,143.	22,016.
c <b>RENT</b>	321,641.	314,343.	5,305.	1,993.
d <b>WORKERS COMPENSATION</b>	284,795.	259,669.	21,107.	4,019.
e All other expenses	903,519.	618,260.	230,753.	54,506.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	13,971,108.	12,409,506.	1,290,121.	271,481.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,844,208.	<b>1</b>	2,522,790.	
	<b>2</b> Savings and temporary cash investments .....	203,889.	<b>2</b>	235,375.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	1,262,269.	<b>4</b>	1,182,120.	
	<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 .....	193,000.	<b>7</b>	114,000.	
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	41,006.	<b>9</b>	57,299.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,842,611.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,825,972.	5,973,149.	<b>10c</b>	6,016,639.
	<b>11</b> Investments - publicly traded securities .....	1,310,777.	<b>11</b>	1,332,625.	
	<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 .....	179,316.	<b>14</b>	166,872.	
	<b>15</b> Other assets. See Part IV, line 11 .....	916,963.	<b>15</b>	923,962.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	12,924,577.	<b>16</b>	12,551,682.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,069,092.	<b>17</b>	941,477.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>	26,400.	
	<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 .....	4,830,000.	<b>23</b>	4,585,834.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	236,943.	<b>25</b>	243,457.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,136,035.	<b>26</b>	5,797,168.	
<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 .....	6,357,205.	<b>27</b>	6,476,811.	
	<b>28</b> Temporarily restricted net assets .....	430,337.	<b>28</b>	276,703.	
	<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 .....	6,788,542.	<b>33</b>	6,754,514.	
<b>34</b> Total liabilities and net assets/fund balances .....	12,924,577.	<b>34</b>	12,551,682.		

**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	13,977,546.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,971,108.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,438.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,788,542.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-40,466.
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	6,754,514.

**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 (2011)



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

<b>Name of the organization</b> <p style="text-align:center"><b>BECOMING INDEPENDENT</b></p>	<b>Employer identification number</b> <p style="text-align:center"><b>94-2641147</b></p>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</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 - 2010.</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 - 2011.</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 - 2010.</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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	637,178.	503,096.	485,190.	556,856.	383,487.	2,565,807.
<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 .....	11,619,442.	13,805,448.	13,899,143.	13,748,513.	13,476,457.	66,549,003.
<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 .....	12,256,620.	14,308,544.	14,384,333.	14,305,369.	13,859,944.	69,114,810.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	17,182.	3,220.	22,463.	25,480.	71,878.	140,223.
<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 .....	17,182.	3,220.	22,463.	25,480.	71,878.	140,223.
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						68,974,587.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....	12,256,620.	14,308,544.	14,384,333.	14,305,369.	13,859,944.	69,114,810.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,785.	-52,322.	90,174.	229,988.	30,480.	300,105.
<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 .....	1,785.	-52,322.	90,174.	229,988.	30,480.	300,105.
<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.) .....	142,552.	29,734.		38,584.	32,342.	243,212.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....	12,400,957.	14,285,956.	14,474,507.	14,573,941.	13,922,766.	69,658,127.

**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 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	99.02 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	98.07 %

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	.43 %
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 .....	<b>18</b>	.62 %

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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 A

Payments from Disqualified Persons  
Included on Part III, Line 7a

2011

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2007 Amount	2008 Amount	2009 Amount	2010 Amount	2011 Amount
BOARD MEMBERS	12,194.	3,220.	22,463.	25,480.	71,878.
ESTATE OF JACK T. MORRIS	4,988.	0.	0.	0.	0.
Total to Schedule A, Part III, Line 7a .....	17,182.	3,220.	22,463.	25,480.	71,878.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011**

Name of the 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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does 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, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization <b>BECOMING INDEPENDENT</b>	Employer identification number <b>94-2641147</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BILL & M-L REINKING 1714 E. FOOTHILL DRIVE SANTA ROSA, CA 95404	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	E & J GALLO WINERY 600 YOSEMITE BOULEVARD MODESTO, CA 95354	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ESTAE OF ALEX B. HIRSCH 12901 SARATOGA AVENUE SARATOGA, CA 95070	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	JAYNE & PETER HAMEL 685 JONIVE ROAD SEBASTOPOL, CA 95472	\$ 67,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MARTHA WREN 3219 S. GRAND STREET MINNEAPOLIS, MN 55408	\$ 10,000.	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 10250 CONSTELLATION BLVD LOS ANGELES, CA 90067-6228	\$ 10,000.	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 <b>BECOMING INDEPENDENT</b>	Employer identification number <b>94-2641147</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HUMAN RACE/VOLUNTEER CENTER 153 STONY CIRCLE, SUITE 100 SANTA ROSA, CA 95401	\$ 15,336.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CYNTHIA RATHKEY 27 POST STREET PETALUMA, CA 94952	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	JEFF & STACEY CIVIAN 315 2ND STREET HEALDSBURG, CA 95448	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	EXCHANGE BANK P.O.BOX 403 SANTA ROSA, CA 95402-0403	\$ 7,256.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	THOMAS J LONG FOUNDATION 2950 BUSKIRK AVENUE, SUITE 160 WALNUT CREEK, CA 94597-7770	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	COMMUNITY FOUNDATION SONOMA COUNTY 250 D STREET, SUITE 205 SANTA ROSA, CA 95401	\$ 17,500.	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 <b>BECOMING INDEPENDENT</b>	Employer identification number <b>94-2641147</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization	Employer identification number  <b>94-2641147</b>
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**BECOMING INDEPENDENT**

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**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	92,699.	164,230.	331,154.	482,262.	
b Contributions	23,626.	91,199.		55,600.	
c Net investment earnings, gains, and losses				7,716.	
d Grants or scholarships					
e Other expenditures for facilities and programs	86,198.	162,730.	166,924.	214,424.	
f Administrative expenses					
g End of year balance	30,127.	92,699.	164,230.	331,154.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  .01 %
- c Temporarily restricted endowment  99.99 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 property	(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		4,674,589.	1,450,168.	3,224,421.
c Leasehold improvements		123,777.	97,083.	26,694.
d Equipment		916,793.	817,179.	99,614.
e Other		1,849,684.	1,461,542.	388,142.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,016,639.

**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	491,210.
(2) ASSETS HELD IN TRUST	4,187.
(3) DEPOSITS	208,828.
(4) PREPAID INSURANCE	219,737.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	923,962.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CURRENT PORTION OF LONG TERM DEBT	243,457.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	243,457.

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	13,977,546.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,971,108.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	6,438.
4	Net unrealized gains (losses) on investments	4	-40,466.
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	-40,466.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-34,028.

**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	13,946,392.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	9,312.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	9,312.
3	Subtract line 2e from line 1	3	13,937,080.
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	40,466.
c	Add lines 4a and 4b	4c	40,466.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,977,546.

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

1	Total expenses and losses per audited financial statements	1	13,980,420.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	9,312.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	9,312.
3	Subtract line 2e from line 1	3	13,971,108.
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	13,971,108.

**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.

**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

**2011**

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 DURING FISCAL YEAR 2011-12, LIKE LAST FISCAL YEAR, WAS MORE THAN \$1 MILLION. PROVIDING VALUED SERVICES FOR MORE THAN 27 YEARS, BI WORKERS DEVOTE THEIR DAYS TO PERFORMING ASSEMBLY LINE TASKS AND PRODUCT CONSTRUCTION AT MOST BI SITES. OTHERS ARE EMPLOYED IN VINEYARDS, SUPERMARKETS, RESTAURANTS, LANDSCAPING COMPANIES, 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 WHO HAVE QUESTIONS AND CONCERNS THROUGHOUT THEIR LOVED ONES LIVES. THE FAMILY RESOURCE AND

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

ADVOCACY CENTER (FRAC) PROVIDES INFORMATION AND ASSISTANCE TO FAMILIES AND CHILDREN WITH SPECIAL NEEDS THROUGH EDUCATION, SUPPORT, 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.

AT OUR CAMPUS IN SANTA ROSA, CA WE PROVIDE A FREE LENDING LIBRARY OF 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 EACH WEEK AS WELL. IN 2009, THE FRAC LAUNCHED THE TEEN ZONE AFTER SCHOOL PROGRAM FOR YOUNG PEOPLE 13 TO 22 YEARS OLD.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: RESPONSIBILITIES OF OTHERS IN THE COMMUNITY, 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 WITH THE IRS. THE REVIEW CONSISTED OF READING AND RECONCILING THE FORM 990

Name of the organization BECOMING INDEPENDENT	Employer identification number 94-2641147
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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 LOSSES ON INVESTMENTS: -40,466.



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

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 2012

**2011**

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

Employer identification number

**BECOMING INDEPENDENT**

**94-2641147**

Name and title of officer

**LUANA VAETOE  
AGENCY DIRECTOR**

**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, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with 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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>13977546</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**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 2011 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) the reason for any delay in processing the return or refund, and (c) 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 \_\_\_\_\_ to enter my PIN  **Enter five numbers, but do not enter all zeros**

ERO firm name

as my signature on the organization's tax year 2011 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 2011 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 electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**68229019000**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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 for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 05/13/13

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

2011

# California Exempt Organization Annual Information Return

199

Calendar Year 2011 or fiscal year beginning month **JULY** day **1** year **2011**, and ending month **JUNE** day **30** year **2012**.

Corporation/Organization name <b>BECOMING INDEPENDENT</b>		California corporation number <b>0973302</b>
Address (suite, room, or PMB no.) <b>1425 CORPORATE CENTER PARKWAY</b>		FEIN <b>94-2641147</b>
City <b>SANTA ROSA</b>	State <b>CA</b>	ZIP Code <b>95407</b>

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>• <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn)</p> <p>• <input type="checkbox"/> Merged/Reorganized Enter date: _____</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990(PF) (3) <input type="checkbox"/> Sch H (990)</p> <p><b>G</b> Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p><b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p><b>I</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p><b>J</b> If exempt under R&amp;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&amp;TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	13705230.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	397,801.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction B	4	14103031.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	125,485.00
	7 Total costs. Add line 5 and line 6	7	125,485.00
	8 Total gross income. Subtract line 7 from line 4	8	13977546.00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	13971108.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	6,438.00
<b>Filing Fee</b>	11 Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

**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	Title <b>AGENCY DIRECTO</b>	Date	Telephone <b>707.524.6600</b>
Preparer's signature	Date <b>05/13/13</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00454351</b>
Firm's name (or yours, if self-employed) and address <b>BEELS SOPER LLP 19 KELLER STREET PETALUMA, CA 94952</b>			FEIN <b>20-2877111</b> Telephone <b>707.763.3888</b>

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**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.**

128951 12-08-11

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	11,822.00
	3	Dividends	•	3	31,481.00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	STATEMENT 2 153,128.00
	7	Other income	•	7	SEE STATEMENT 3 13508799.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	13705230.00
	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	SEE STATEMENT 4 0.00
	12	Other salaries and wages	•	12	8,752,326.00
	13	Interest	•	13	252,387.00
	14	Taxes	•	14	663,534.00
	15	Rents	•	15	00
	16	Depreciation and depletion (See instructions)	•	16	357,280.00
	17	Other Expenses and Disbursements	•	17	SEE STATEMENT 5 3,945,581.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	13971108.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		3,048,097.		• 2,758,165.
2	Net accounts receivable		1,262,269.		• 1,182,120.
3	Net notes receivable		193,000.		• 114,000.
4	Inventories				•
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock		1,310,777.		• 1,332,625.
8	Mortgage loans				•
9	Other investments				•
10	<b>a</b> Depreciable assets	7,220,712.		7,564,843.	
	<b>b</b> Less accumulated depreciation	( 3,525,331. )	3,695,381.	( 3,825,972. )	3,738,871.
11	Land		2,277,768.		• 2,277,768.
12	Other assets		1,137,285.		• 1,148,133.
13	<b>Total assets</b>		12,924,577.		12,551,682.
<b>Liabilities and net worth</b>					
14	Accounts payable		1,069,092.		• 941,477.
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable				•
17	Mortgages payable		4,830,000.		• 4,585,834.
18	Other liabilities		236,943.		• 269,857.
19	Capital stock or principle fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		6,788,542.		• 6,754,514.
22	<b>Total liabilities and net worth</b>		12,924,577.		12,551,682.

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	• 6,438.	
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5	6,438.	
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		6,438.

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
BILL & M-L REINKING	1714 E. FOOTHILL DRIVE SANTA ROSA, CA, 95404		5,000.
E & J GALLO WINERY	600 YOSEMITE BOULEVARD MODESTO, CA, 95354		5,000.
ESTAE OF ALEX B. HIRSCH	12901 SARATOGA AVENUE SARATOGA, CA, 95070		10,000.
JAYNE & PETER HAMEL	685 JONIVE ROAD SEBASTOPOL, CA, 95472		67,500.
MARTHA WREN	3219 S. GRAND STREET MINNEAPOLIS, MN, 55408		10,000.
WILMINGTON TRUST	10250 CONSTELLATION BLVD LOS ANGELES, CA, 90067-6228		10,000.
HUMAN RACE/VOLUNTEER CENTER	153 STONY CIRCLE, SUITE 100 SANTA ROSA, CA, 95401		15,336.
CYNTHIA RATHKEY	27 POST STREET PETALUMA, CA, 94952		5,000.
JEFF & STACEY CIVIAN	315 2ND STREET HEALDSBURG, CA, 95448		13,500.
EXCHANGE BANK	P.O.BOX 403 SANTA ROSA, CA, 95402-0403		7,256.
THOMAS J LONG FOUNDATION	2950 BUSKIRK AVENUE, SUITE 160 WALNUT CREEK, CA, 94597-7770		10,000.
COMMUNITY FOUNDATION SONOMA COUNTY	250 D STREET, SUITE 205 SANTA ROSA, CA, 95401		17,500.
TOTAL INCLUDED ON LINE 3			176,092.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
SECURITIES SOLD	VARIOUS	VARIOUS	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	125,485.	0.	0.	153,128.
TOTAL TO FORM 199, PAGE 2, LN 6	<u>125,485.</u>	<u>0.</u>	<u>0.</u>	<u>153,128.</u>

FORM 199 OTHER INCOME STATEMENT 3

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SERVICE FEES	12,768,769.
WORK ACTIVITIES REVENUE	740,030.
TOTAL TO FORM 199, PART II, LINE 7	<u>13,508,799.</u>

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FORM 199                      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                      STATEMENT                      4

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ELLIE ROWLAND 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	SECRETARY 2.00	0.
JOERG OLSON 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 2.00	0.
SOFIA DUMITRU 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	BOARD TREASURER 2.00	0.
GERRY HIPPS 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 2.00	0.
KEN MAIOLINI 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 2.00	0.
BONNIE BURRELL 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	BOARD PRESIDENT 2.00	0.
JAYNE HAMEL 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 2.00	0.
JERRY FABIANO 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	BOARD VICE PRESIDENT 2.00	0.
CINDY WHITE 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 2.00	0.
QUINN MORRISON 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 2.00	0.
SCOTT ORMEROD 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 2.00	0.

BECOMING INDEPENDENT

94-2641147

DON PRIAL 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	DIRECTOR 2.00	0.
CAMI WEAVER 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	CEO 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	5
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
VEHICLE EXPENSE		507,393.	
SUPPLIES		334,024.	
RENT		321,641.	
WORKERS COMPENSATION		284,795.	
OTHER EMPLOYEE BENEFITS		1,373,512.	
TRAVEL		167,333.	
INSURANCE		53,364.	
ALL OTHER EXPENSES		903,519.	
TOTAL TO FORM 199, PART II, LINE 17		3,945,581.	

FORM 199	NET NOTES RECEIVABLE	STATEMENT	6
<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>	
NOTES AND LOANS RECEIVABLE, NET	193,000.	114,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 3	193,000.	114,000.	

FORM 199	INVESTMENTS IN STOCK	STATEMENT	7
<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>	
PUBLICLY TRADED SECURITIES	1,310,777.	1,332,625.	
TOTAL TO FORM 199, SCHEDULE L, LINE 7	1,310,777.	1,332,625.	

FORM 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	41,006.	57,299.	
INTANGIBLE ASSETS	179,316.	166,872.	
DEBT SERVICE RESERVE	491,370.	491,210.	
ASSETS HELD IN TRUST	6,054.	4,187.	
DEPOSITS	185,623.	208,828.	
PREPAID INSURANCE	233,916.	219,737.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,137,285.	1,148,133.	

FORM 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CURRENT PORTION OF LONG TERM DEBT	236,943.	243,457.	
DEFERRED REVENUE	0.	26,400.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	236,943.	269,857.	

FORM 199	FUND BALANCES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	6,357,205.	6,476,811.	
TEMPORARILY RESTRICTED ASSETS	430,337.	276,703.	
PERMANENTLY RESTRICTED ASSETS	1,000.	1,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	6,788,542.	6,754,514.	



TAXABLE YEAR  
**2011**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>BECOMING INDEPENDENT</b>	Identifying number <b>94-2641147</b>
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**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4) .....	<b>1</b> <u>14,103,031.00</u>
<b>2</b> Total gross income (Form 199, line 8) .....	<b>2</b> <u>13,977,546.00</u>
<b>3</b> Total expenses and disbursements (Form 199, line 9) .....	<b>3</b> <u>13,971,108.00</u>

**Part II Settle Your Account Electronically for Taxable Year 2011**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (MM/DD/YYYY)
---	------------------	--

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**



I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2011 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**



<b>Sign Here</b> 	Signature of Officer _____	Date _____		<b>AGENCY DIRECTOR</b>	Title _____
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**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345B, 2011 Business e-file Handbook for Authorized e-file Providers, and in FTB Pub. 1345, 2011 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's- signature 	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN _____
	Firm's name (or yours if self-employed) and address 	<b>BEELS SOPER LLP 19 KELLER STREET PETALUMA, CA</b>			FEIN <b>20-2877111</b>
					ZIP Code <b>94952</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature 	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN <b>P00454351</b>	
	Firm's name (or yours if self-employed) and address 	<b>BEELS SOPER LLP 19 KELLER STREET PETALUMA, CA</b>			FEIN <b>20-2877111</b>
					ZIP Code <b>94952</b>

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

**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

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

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: <b>CT</b> <u>037905</u>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report
<b>BECOMING INDEPENDENT</b> <small>Name of Organization</small>	Corporate or Organization No. <u>973302</u>
<u>1425 CORPORATE CENTER PARKWAY</u> <small>Address (Number and Street)</small>	Federal Employer I.D. No. <u>94-2641147</u>
<u>SANTA ROSA, CA 95407</u> <small>City or Town, State and ZIP Code</small>	

**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 07/01/2011 ending 06/30/2012 ) list:  
 Gross annual revenue \$ 13,977,546 . Total assets \$ 12,551,682 .

**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?		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. <span style="float:right"><b>SEE STATEMENT 11</b></span>	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 INFO@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.

<b>LUANA VAETOE</b>	<b>AGENCY DIRECTOR</b>
<small>Signature of authorized officer</small>	<small>Printed Name</small>
	<small>Title</small>
	<small>Date</small>

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