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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)

OMB No 1545-0047

2007

Open to Public Inspection

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization TOWARD MAXIMUM INDEPENDENCE		D Employer identification number 33-0185759
		Number and street (or P.O. box if mail is not delivered to street address) 4740 MURPHY CANYON ROAD,		Room/suite 300
		City or town, state or country, and ZIP + 4 SAN DIEGO, CA 92123		E Telephone number 858-467-0600

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

H and I are not applicable to section 527 organizations.

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

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

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

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

I Group Exemption Number **N/A**

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

G Website: **WWW.TMI-INC.ORG**

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **8,816,312.**

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

Revenue	1 Contributions, gifts, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		6,603.	
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d		7,538.	
	e Total (add lines 1a through 1d) (cash \$ 14,141. noncash \$ _____)	1e			14,141.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			8,697,812.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			5,710.
	5 Dividends and interest from securities	5			
	6 a Gross rents SEE STATEMENT 1	6a		97,991.	
	b Less: rental expenses SEE STATEMENT 2	6b		19,591.	
c Net rental income or (loss). Subtract line 6b from line 6a	6c			78,400.	
7 Other investment income (describe _____)	7				
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b Less: cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
	8d				
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
	10 a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				
11 Other revenue (from Part VII, line 103)	11			658.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			8,796,721.	
Expenses	13 Program services (from line 44, column (B))	13		6,527,948.	
	14 Management and general (from line 44, column (C))	14		1,196,126.	
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			7,724,074.
	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			1,072,647.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,535,901.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20			155,338.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			2,763,886.

SCANNED APR 02 2010

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	453,546.	229,003.	224,543.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	124,084.	65,496.	58,588.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	3,821,296.	3,581,453.	239,843.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	388,618.	365,281.	23,337.	
29 Payroll taxes	379,669.	337,132.	42,537.	
30 Professional fundraising fees				
31 Accounting fees	53,114.	5,865.	47,249.	
32 Legal fees	33,171.		33,171.	
33 Supplies				
34 Telephone				
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance	80,027.	38,747.	41,280.	
38 Printing and publications				
39 Travel	172,481.	151,796.	20,685.	
40 Conferences, conventions, and meetings				
41 Interest	107,624.		107,624.	
42 Depreciation, depletion, etc. (attach schedule)	67,323.		67,323.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	2,043,121.	1,753,175.	289,946.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	7,724,074.	6,527,948.	1,196,126.	0.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ; (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a TOWARD MAXIMUM INDEPENDENCE PROVIDES SERVICES TO PEOPLE WITH DISABILITIES AND THEIR FAMILIES. THE CORPORATION ACCOMPLISHES ITS PURPOSES THROUGH THREE PRIMARY PROGRAM SERVICES: COMMUNITY LIVING, COMMUNITY EMPLOYMENT, AND FAMILY SUPPORT.	
(Grants and allocations \$ 7,538.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,527,948.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	6,527,948.

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	331,756.	45	1,339,087.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a 843,748.			
	b Less: allowance for doubtful accounts	47b			
			884,456.	47c	843,748.
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable	51a 1,910.			
	b Less: allowance for doubtful accounts	51b			
			4,785.	51c	1,910.
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	96,887.
54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55 a Investments - land, buildings, and equipment, basis	55a				
b Less: accumulated depreciation	55b		55c		
56 Investments - other	SEE STATEMENT 6	19,215.	56	16,956.	
57 a Land, buildings, and equipment: basis	57a 2,648,350.				
b Less: accumulated depreciation STMT 7	57b 412,255.				
		2,198,165.	57c	2,236,095.	
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 8)		3,000.	58	4,005.	
59 Total assets (must equal line 74). Add lines 45 through 58		3,441,377.	59	4,538,688.	
Liabilities	60 Accounts payable and accrued expenses	41,990.	60	27,300.	
	61 Grants payable		61		
	62 Deferred revenue	19,809.	62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	1,425,671.	64b	1,401,543.	
	65 Other liabilities (describe ▶ SEE STATEMENT 9)	418,006.	65	345,959.	
66 Total liabilities. Add lines 60 through 65		1,905,476.	66	1,774,802.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	1,535,901.	67	2,763,886.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,535,901.	73	2,763,886.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		3,441,377.	74	4,538,688.

SIGN	1,196.	379.	817.
BUILDING IMPROVEMENTS	2,037.	227.	1,810.
BUILDING IMPROVEMENTS	6,101.	678.	5,423.
EQUIPMENT	2,937.	734.	2,203.
BUILDING IMPROVEMENTS	684.	57.	627.
BUILDING IMPROVEMENTS	6,000.	467.	5,533.
BUILDING IMPROVEMENTS	4,385.	560.	3,825.
EQUIPMENT	1,958.	523.	1,435.
COMPUTERS	600.	200.	400.
TELEPHONE LEASE	59,868.	12,829.	47,039.
FILE CABINETS	618.	147.	471.
SPOTLIGHT	965.	149.	816.
REPLACED GASKET ON WATER MAIN	865.	125.	740.
FURNITURE & FIXTURES	6,379.	911.	5,468.
FURNITURE & FIXTURES	6,513.	853.	5,660.
COMPUTERS	24,707.	3,706.	21,001.
COMPUTERS	4,007.	601.	3,406.
COMPUTERS	2,471.	371.	2,100.
COMPUTERS	615.	51.	564.
COMPUTERS	3,794.	0.	3,794.
COMPUTERS	13,557.	678.	12,879.
WATER HEATER	7,758.	369.	7,389.
COMPRESSOR	2,210.	158.	2,052.
COMPRESSOR	2,813.	201.	2,612.
OFFICE FURNITURE	7,312.	348.	6,964.
OFFICE FURNITURE	2,193.	0.	2,193.
WATER HEATER	784.	28.	756.
WINDOWS	980.	49.	931.
OFFICE EQUIPMENT	1,024.	0.	1,024.
OFFICE EQUIPMENT	11,852.	141.	11,711.
OFFICE EQUIPMENT	5,014.	60.	4,954.
OFFICE EQUIPMENT	1,118.	0.	1,118.
TOTAL TO FORM 990, PART IV, LN 57	2,648,350.	412,255.	2,236,095.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CURRENT PORTION OF NOTES RECEIVABLE	3,000.	3,000.
OTHER RECEIVABLE		1,005.
TOTAL TO FORM 990, PART IV, LINE 58	3,000.	4,005.

FORM 990	OTHER LIABILITIES	STATEMENT 9
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CURRENT PORTION OF LONG-TERM DEBT	25,000.	25,452.
SHORT-TERM CAPITAL LEASE	11,403.	11,403.
LONG-TERM CAPITAL LEASE	40,862.	29,459.
ACCRUED PAYROLL	340,741.	278,288.
CREDIT CARD PAYABLE		1,357.
TOTAL TO FORM 990, PART IV, LINE 65	418,006.	345,959.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 10
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DESCRIPTION	AMOUNT
RENTAL EXPENSE EXCLUDED FROM PART II OF 990.	19,591.
UNCOLLECTIBLE ACCOUNTS	85,110.
TOTAL TO FORM 990, PART IV-A	104,701.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 11
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DESCRIPTION	AMOUNT
RENTAL EXPENSE EXCLUDED FROM PART II OF 990.	19,591.
UNCOLLECTIBLE ACCOUNTS	85,110.
TOTAL TO FORM 990, PART IV-B	104,701.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 12
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DESCRIPTION	AMOUNT
ACCUAL TO CASH CONVERSION	20,444.
UNREALIZED LOSS ON INVESTMENT	2,259.
TOTAL TO FORM 990, PART IV-A	22,703.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6 month extension check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990 T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization TOWARD MAXIMUM INDEPENDENCE	Employer identification number 33-0185759
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 4740 MURPHY CANYON ROAD, , NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92123	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THE ORGANIZATION

- The books are in the care of ▶ **4740 MURPHY CANYON ROAD, SUITE 300 - SAN DIEGO, CA 92123**
 Telephone No ▶ **858-467-0600** FAX No ▶ **858-467-4825**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization TOWARD MAXIMUM INDEPENDENCE	Employer identification number 33-0185759
	Number, street, and room or suite no. If a P O box, see instructions 4740 MURPHY CANYON ROAD, NO. 300	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. SAN DIEGO, CA 92123	

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

• The books are in the care of **4740 MURPHY CANYON ROAD, SUITE 300 - SAN DIEGO, CA 92123**
Telephone No **858-467-0600** FAX No **858-467-4825**

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3 month extension of time until **MAY 15, 2010**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

THE ORGANIZATION IS REQUESTING AN ADDITIONAL EXTENSION IN ORDER TO OBTAIN THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **7-20-2010**