Department of the Treasury Internal Revenue Service

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 the control of the internal Revenue Code (except black lung benefit trust or private foundation)

Tax year beginning

	U	U	ı
One	n to	Pül	ilic
· · ·	che	ctio	n

A	For the 2	DO <mark>7 calendar year, or tax year beginning Ji</mark>	UL 1, 2007	and en	ding C	IUN 30	<u>, 2008</u>		
В	Check If	Please C Name of organization					D Employer	identification number	
	applicable;	Use IRSCOASTAL DEVELOPMENTAL SERVICES							
	Address change	label or print or FOUNDATION					95-3	822105	
	Name change	type. Number and street (or P.O. box if mail is no		3)			E Telephone	: number	
	Initial return	Specific   5901 GREEN VALLEY CI	RCLE		3	320	(310	)258-4000	
	Termin- ation	instruc- tions. City or town, state or country, and ZIP + 4					F Accounting m		
[]	Amende retum	CULVER CITY, CA 902					Other (specify	) <b>&gt;</b>	
	Applicat pending	• Section 501(c)(3) organizations and 4947(a)(	l) nonexempt charitable tru	sts	H and I a	re not appli	icable to se	ction 527 organizations.	
		must attach a completed Schedule A (Form 99	u of 990-EZ).		H(a) is ti	nis a group re	eturn for affili	ates? Yes X No	
G	Website:	▶WWW.WESTSIDERC.ORG			H(b) If "Y	'es," enter nu	mber of affili	ates ► N/A	
j	Organiza	tion type (check only one) ▶ 🗓 501(c) ( 3 ) ◀ (insert	no.) 4947(a)(1) or	527		all affiliates i		N/A Yes No	
K	Check he	re 🕨 🔲 if the organization is not a 509(a)(3) suppor	ting organization <mark>and</mark> its gro	ss		No," attach a nis a separate		hv an or-	
	receipts a	re normally <b>not</b> more than \$25,000. A return is not requ	ired, but if the organization		gan	ization cover	ed by a grou	p ruling? Yes X No	
	chooses 1	to file a return, be sure to file a complete return.				up Exemptio			
					M Che	ck ► 🗓 i	if the organiz	ation is <b>not</b> required to attach	
L		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 ►				. B (Form 99	0, 990-EZ, oi	· 990-PF).	
P	art I	Revenue, Expenses, and Changes in	Net Assets or Fund	Bala	nces				
	1	Contributions, gifts, grants, and similar amounts receiv	ed:						
	a	Contributions to donor advised funds	***************************************	1a					
	b	Direct public support (not included on line 1a)		1b		698,5	19.		
	C	Indirect public support (not included on line 1a)		10					
	d	Government contributions (grants) (not included on line				389,0			
	е	Total (add lines 1a through 1d) (cash \$ 133,0	87,520 noncash \$				) <u>1e</u>	133,087,520.	
	2	Program service revenue including government fees an	2						
	3	Membership dues and assessments	3						
	4	Interest on savings and temporary cash investments	4	539,815.					
	5	Dividends and interest from securities	5	18,798.					
	6 a	Gross rents		6a					
	b	Less: rental expenses	*****	6b					
Φ	c	Net rental income or (loss). Subtract line 6b from line 6	a				6c		
Z.	7	Other investment income (describe					) 7		
Revenue	8 a	Gross amount from sales of assets other	(A) Securities			(B) Other			
DE.	i	than inventory		8a					
	b	Less: cost or other basis and sales expenses		8b					
	6	Gain or (loss) (attach schedule)	NYSUW I WITTE	8c					
	ď	Net gain or (loss). Combine line 8c, columns (A) and (B					8d		
	9	Special events and activities (attach schedule). If any ar	nount is from <b>gaming</b> , check	k here 🕨	<b>&gt;</b>				
	a	Gross revenue (not including \$ of		9a					
	b	Less: direct expenses other than fundraising expenses $% \left( \mathbf{r}\right) =\left( \mathbf{r}\right) \left( \mathbf{r}\right) $							
	C	Net income or (loss) from special events. Subtract line			,		90		
	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 so							
	11	Other revenue (from Part VII, line 103)							
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10						133,646,133.	
υ	13	Program services (from line 44, column (B))						126,617,647.	
1Se	14	Management and general (from line 44, column (C))	14	6,379,967.					
Expenses	15	Fundraising (from line 44, column (D))							
Щ	16	Payments to affiliates (attach schedule)		100 000					
	17	Total expenses. Add lines 16 and 44, column (A)						132,997,614.	
ď	18	Excess or (deficit) for the year. Subtract line 17 from lin	e 12				18	648,519.	
Net Assets	19	Net assets or fund balances at beginning of year (from	ine 73, column (A))		~~~~		19	-5,627,826.	
AA		Other changes in net assets or fund balances (attach ex						791,718.	
7327	21	Net assets or fund balances at end of year. Combine lin				***************************************	21	-4,187,589.	
7230	7 07	I HA For Privacy Act and Panerwork Reduction Act N	Intica, cap the congrate incl	tructions				Form 000 (2007)	

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)					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule					
(cash \$ 0 • noncash \$ 0					
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach					
schedule) STATEMENT 3	23	115,065,561.	115,065,561.		
24 Benefits paid to or for members (attach					
schedule)	24				
employees, etc. listed in Part V-A	250	450,168.	90,033.	260 125	_
b Compensation of former officers, directors, key	25a	430,100.	90,033.	360,135.	0.
employees, etc. listed in Part V-B	256	0.	0.	0	0
c Compensation and other distributions, not included	25b	U.	0.	0.	0.
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in		İ			
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not	LUG				
included on lines 25a, b, and c	26	9,867,992.	6,576,795.	3,291,197.	
27 Pension plan contributions not included on		3,00,,332.	0/3/0//33.	J/ZJI/IJ/.	
lines 25a, b, and c	27	795,366.	482,137.	313,229.	
28 Employee benefits not included on lines		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	102/13/1	313,223.	
25a - 27	28	3,457,976.	2,065,661.	1,392,315.	
29 Payroll taxes	29	143,159.	77,016.	66,143.	
30 Professional fundraising fees	30		7770100	00/143.	· · · · · · · · · · · · · · · · · · ·
31 Accounting fees	31	44,418.	28,798.	15,620.	
32 Legal fees	32	168.	109.	59.	
33 Supplies	33		100.		
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	1,278,260.	828,733.	449,527.	
37 Equipment rental and maintenance	37	346,338.	224,541.	121,797.	
38 Printing and publications	38	52,744.	34,195.	18,549.	
39 Travel	39	83,666.	76,877.	6,789.	
40 Conferences, conventions, and meetings	40	24,590.	15,942.	8,648.	······································
41 Interest	41		•		
Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a COMMUNICATION	43a	135,743.	87,971.	47,772.	
b GENERAL OFFICE EXPENSE	43b	296,325.	235,990.	60,335.	
c INSURANCE	43c	122,741.	79,577.	43,164.	
d CONSULTANT FEES	43d	488,084.	404,319.	83,765.	
e EQUIPMENT PURCHASES	43e	130,332.	85,394.	44,938.	
t DUES	431	58,080.	37,655.	20,425.	
g GENERAL EXPENSES	43g	155,903.	120,343.	35,560.	
14 Total functional expenses. Add lines 22a through				-	
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	132,997,614.	126,617,647.	6,379,967.	0.
Joint Costs. Check 🕨 🔲 if you are following					
Are any joint costs from a combined educational campai	gn and		orted in <b>(B)</b> Program servic	es? ► 🗆	Yes X No
f "Yes," enter (i) the aggregate amount of these joint cos	ts \$ _		) the amount allocated to F	rogram services \$	N/A ;
iii) the amount allocated to Management and general \$		N/A ; and (iv	r) the amount allocated to	Fundraising \$	N/A
23011 2-27-07					Form <b>990</b> (2007)

# COASTAL DEVELOPMENTAL SERVICES FOUNDATION

ASAMENDED

Form 990 (2007)

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? ► SUPPORT FOR DEVELOPMENTALLY DISABLED AND THEIR FAMII	IES	Program Service Expenses
All clie	All organizations must describe their exempt purpose achievements in a clear and concise manner. State clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)( organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and alloc	e the number of 3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	a SEE STATEMENT 4		
b	(Grants and allocations \$ ) If this amount includes foreign grants, ch	neck here	126,617,647.
С	(Grants and allocations \$ ) If this amount includes foreign grants, ch	neck here 🕨 🔲	
d	(Grants and allocations \$ ) If this amount includes foreign grants, ch	neck here	
е	(Grants and allocations \$ ) If this amount includes foreign grants, che Other program services (attach schedule)	eck here	
f	(Grants and allocations \$ ) If this amount includes foreign grants, ch  f Total of Program Service Expenses (should equal line 44, column (B), Program services)	eck here	100 518 518
<u> </u>			126,617,647. Form <b>990</b> (2007)

# **AS AMENDED**

Forr	n 990 i	(2007) FOUNDATION					w # # # #	"9"5"-	3822105	Page 4
Pa	irt IV	Balance Sheets (See the instructions.)	)							
Not		ere required, attached schedules and amounts uld be for end-of-year amounts only.	s within	the	description column	Begin	(A) ning of year		(B) End of y	ear
	45	Cash - non-interest-bearing					12 011		21	E 1 0
	46	Savings and temporary cash investments				12,	13,911. 169,149.	45	2.197	,519.
				,						<u>,</u>
		Accounts receivable		7a						
	b	Less: allowance for doubtful accounts	4	7b				47c	8	
	48 a	Pledges receivable	4	Ra						
	b	Less: allowance for doubtful accounts		8b				48c		
	49	Grants receivable						49		
	50 a	Receivables from current and former officers								
		key employees			50a					
	b	Receivables from other disqualified persons								
ets		4958(f)(1)) and persons described in section		1	(B)			50b		
Assets		Other notes and loans receivable		$\overline{}$						
	52	Less: allowance for doubtful accounts	_	1 b				51c		
	53	Inventories for sale or use Prepaid expenses and deferred charges				<del>-</del>	262,101.	52	127	117
	54 a						202,101.		12/	,447.
	b	Investments - other securities						54a 54b		
	55 a	Investments - land, buildings, and						340		
		equipment: basis	5	āa						
	b	Less: accumulated depreciation	5	b				55c		
	56	Investments - other						56		
	57 a	Land, buildings, and equipment: basis								
	1	Less: accumulated depreciation		7b				57¢		
	58	Other assets, including program-related investmen		C n	PATEMENT 5	, דיי	106 606		50 005	
	59				/		186,696.		20,205	
	60	Total assets (must equal line 74). Add lines Accounts payable and accrued expenses					31,857. 367,525.		22,551 11,785	
	61	Grants payable				1070	01,323.	61	11,700	, , , , , , ,
	62	Deferred revenue						62		
ties	63	Loans from officers, directors, trustees, and			l-			63		
Liabilit	64 a	Tax-exempt bond liabilities						64a		
<u>:</u>	b	Mortgages and other notes payable						64b		
	65	Other liabilities (describe	SEE	SI	ATEMENT 6	14,6	92,158.	65	14,953	,116.
		TAINING AND DOLLARS				0 F m	F0 600			
	66 Orga	Total liabilities. Add lines 60 through 65 nizations that follow SFAS 117, check here				25,5	59,683.	66	26,739	,115.
	Oiga	67 through 69 and lines 73 and 74.	• <u> </u>	⊾J a	na complete lines					
Ses	67	Unrestricted				-5 - 6	27,826.	67	-4,187	589
au	68	Temporarily restricted					2.,0200	68	4,10,	, 505.
Ba	69							69		·
Pun	Orga	nizations that do not follow SFAS 117, ched								
<u>.</u>		complete lines 70 through 74.								
ts	70	Capital stock, trust principal, or current funds						70		
Net Assets or Fund Balances	71	Paid in or capital surplus, or land, building, ar						71		
et A	72	Retained earnings, endowment, accumulated						72		
Ž		Total net assets or fund balances. Add lines 67 th				E /	27 026		4 107	F 6 6
	74	(Column (A) must equal line 19 and column (B) mu Total liabilities and net assets/fund balance	nzi edna nzi edna	line anil	21)s 66 and 73	-5,6	27,826. 31,857.	73	-4,187	, 589
			rea. nuu	11110	J OU allu 7 J	17,7	21,00/.	74	22,551	,520.

Form **990** (2007)

COASTAL DEVELOPMENTAL SERVICES FOUNDATION Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part IV-A instructions.) Total revenue, gains, and other support per audited financial statements 133,627,335, Amounts included on line a but not on Part I, line 12: 1 Net unrealized gains on investments 2 Donated services and use of facilities b2 3 Recoveries of prior year grants b3

4 Other (specify): b4 Add lines b1 through b4 Subtract line b from line a ..... 133,627,335. Amounts included on Part I, line 12, but not on line a: Investment expenses not included on Part I, line 6b 2 Other (specify): SEE STATEMENT 7 18,798. Add lines d1 and d2 Total revenue (Part I, line 12). Add lines c and d .... 133,646,133. Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 132,978,816. Amounts included on line a but not on Part I, line 17: Donated services and use of facilities b1 2 Prior year adjustments reported on Part I, line 20 3 Losses reported on Part I, line 20 b3 4 Other (specify): Add lines b1 through b4 Subtract line b from line a 132,978,816. Amounts included on Part I, line 17, but not on line a: Investment expenses not included on Part I, line 6b 18,798.SEE STATEMENT 8 2 Other (specify): Add lines d1 and d2 18,798.

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

Total expenses (Part I, line 17). Add lines c and d

(A) Name and address	per week devoted to position	(If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9		399,465.	50,703.	0.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				

Form 990 (2007)

132,997,614.

(R) Title and average hours (C) Compensation (D) Contributions to (E) Expense

AS	A		382			Perge	•
----	---	--	-----	--	--	-------	---

Pai	t V-A	Current Officers, Directors, Trustees, and Ke	y Employees (continu	ed)		Yes	No
75 a		e total number of officers, directors, and trustees permitted t	<del>-</del>		19		
b	listed in Part II-A	officers, directors, trustees, or key employees listed in Form Schedule A, Part I, or highest compensated professional and or II-B, related to each other through family or business relatividuals and explains the relationship(s)	d other independent contr	actors listed in Scl a statement that i	nedule A, dentifies	75b	X
C	listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."						
	If "Yes," attach a statement that includes the information described in the instructions.						
d	Does th	e organization have a written conflict of interest policy?				75d X	<u>L</u>
	t V-B	Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key en					uda a
		the year, list that person below and enter the amount of cor					
		(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)		(E) Expe	ense and
<b></b>						ŀ	
						<u> </u>	
	rent Prest Mart Model						
	··· ···· ·						
Par	t VI (	Other Information (See the instructions.)				Yes	No
76	Did the	organization make a change in its activities or methods of co	nducting activities? If "Yes	s," attach a detaile	đ		
		ent of each change				76	X
77		ry changes made in the organizing or governing documents to	out not reported to the IRS	17		77	X
78 -		attach a conformed copy of the changes.	O or more duvise ** = · · ·	antiored builting		700	Х
78 a b		organization have unrelated business gross income of \$1,000 has it filed a tax return on Form 990-T for this year?		•	/ F	78a	<del>  ^</del> -
79		ere a liquidation, dissolution, termination, or substantial contra	notion during the year? If			78b 79	$\frac{1}{x}$
80 a		ganization related (other than by association with a statewid				וט	1 22
		ship, governing bodies, trustees, officers, etc., to any other $\epsilon$			(*)	80a X	*******
b		enter the name of the organization THE ACHIEVA					
		-	and check whether it is		nonexempt		
81 a	Enter di	rect and indirect political expenditures. (See line 81 instruction	ons.)	81a	0.		
<u> </u>	Did the	organization file Form 1120-POL for this year?				81b	Х
						Form <b>990</b>	(2007)

		A C	ARAFR			
	COASTAL DEVELOPMENTAL SERVICES		) AWE			
	990 (2007) FOUNDATION	A27 845 N	95-3822	2705		age 7
	TVI Other Information (continued)				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities					
	less than fair rental value?			82a	***********	X
b	If "Yes," you may indicate the value of these items here. Do not include this					
	amount as revenue in Part I or as an expense in Part II.	1 1	37 / 7			
02 -	(See instructions in Part III.)	82h	N/A	_	**	
_	Did the organization comply with the public inspection requirements for returns and exemption			83a	X	┼
ь 84 а	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contribu			83b	-	1
	Did the organization solicit any contributions or gifts that were not tax deductible?			84a		X
U	tax deductible?			DAL		<b>******</b>
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?			84b		-
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			85a		-
•	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the			85b		<b>l</b>
	waiver for proxy tax owed for the prior year.	ie organiz	ation received a			
C	Dues, assessments, and similar amounts from members	85c	N/A			
d	Section 162(e) lobbying and political expenditures		N/A	┪		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A	┧		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A	1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			85q	3050030000	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount		*************	OUG		<u> </u>
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditule					
	following tax year?			85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on					
	line 12	86a	N/A			
b	Gross receipts, included on line 12, for public use of club facilities		N/A	1		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			1		
	against amounts due or received from them.)	87b	N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable co					
	or an entity disregarded as separate from the organization under Regulations sections 301.776		301.7701-3?			
	If "Yes," complete Part IX			88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity	within the	meaning of			
	section 512(b)(13)? If "Yes," complete Part XI			88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under	er:				
ı.	section 4911 ► 0 - ; section 4912 ► 0 - ; section 495		0.			
D	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess					
	transaction during the year or did it become aware of an excess benefit transaction from a price					/ · · ·
	If "Yes," attach a statement explaining each transaction			89b	***********	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the					
d	sections 4912, 4955, and 4958	· 🏲	0.			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			00		- V
	All organizations. At any time during the tax year, was the organization a party to a prohibited to all organizations. Did the organization acquire a direct or indirect interest in any applicable insurance.			89e		X
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Di			89f		X
9	or a fund maintained by a sponsoring organization, have excess business holdings at any time			pn-		X
90 a	List the states with which a copy of this return is filed $ ightharpoonup CA$	during the	e year (	89g		Λ
	Number of employees employed in the pay period that includes March 12, 2007		90b			199
	The books are in care of CATHERINE CALLAGHAN		900   nne no ▶ 310-25	8_4		

Yes No

X

310-258-4000

91b

ZIP+4 ► 90230

Located at ▶ 5901 GREEN VALLEY CIRCLE, CULVER CITY,

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....

and Financial Accounts.

If "Yes," enter the name of the foreign country

Part VI Other Information (co.	ntinued)					Yes No
c At any time during the calendar year	r, did the organiz			f the Uni	ited States?	91c X
If "Yes," enter the name of the foreig	gn country 🕨 _		N/A			
92 Section 4947(a)(1) nonexempt chari						
and enter the amount of tax-exempt					▶ 92	N/A
Part VII Analysis of Income-P	roducing Ac	··	· · · · · · · · · · · · · · · · · · ·			
Note: Enter gross amounts unless otherw	vise	(A)	ed business income		d by section 512, 513, or 514	· (E)
indicated.		Business	(B) Amount	(C) Exclu-	(D) Amount	Related or exempt
93 Program service revenue:	<u></u>	code	711104111	sion code	Amount	function income
a						
b				ļļ.		
C						
d						
f Medicare/Medicaid payments						
g Fees and contracts from government						
94 Membership dues and assessments	1-					
95 Interest on savings and temporary cash in				14	539,815.	
96 Dividends and interest from securities	5555			14	18,798.	
97 Net rental income or (loss) from real e	<del></del>					
a debt-financed property						
b not debt-financed property	_					
98 Net rental income or (loss) from person						
99 Other investment income						
100 Gain or (loss) from sales of assets						
other than inventory				<del>  -</del>		
101 Net income or (loss) from special eve				-		
102 Gross profit or (loss) from sales of inv	entory			ļ		
03 Other revenue:						
a				-		
D						
<u> </u>						
e			0.		EEO (1)	
04 Subtotal (add columns (B), (D), and (E					558,613.	0.
<b>05</b> Total (add line 104, columns (B), (D), Note: Line 105 plus line 1e, Part I, should a	and (E))	t on line 19	Dort i	,		558,613.
Part VIII Relationship of Activi				t Durn	10000 (Dan Ha iiii-	1
Line No. Explain how each activity for which exempt purposes (other than by p	n income is reporte	a in column	I (E) OT PAIT VII CONTRIBUTED	importai	ntly to the accomplishment o	the organization's
Descript purposes (office that by p	Toviding rands 101	sucii purpo:	5631.			
Part IX Information Regardin	g Taxable Si	ıbsidiari	es and Disrogarda	ed Ent	ities (See the instruction	nn 1
(A)	(R)		(C)	LII	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity or	Percentage of wnership interest		Nature of activities		Total income	End-of-year assets
partitions, or disrogarded shifty o	% witerstip titterest			-		assets
N/A	%					
21,72	%					
	%					
Part X Information Regarding		Associat	ed with Personal	Renef	it Contracte /900 tho	instructions)
(a) Did the organization, during the year, rece						
(h) Did the organization, during the year, pay					ar Delient CONTIACES	
Note: If "Yes" to (b), file Form 8870 and I				miraul?		Yes X No
to to the total out out of the	. Jim FILO (See )					Form <b>990</b> (2007)
						ruini <b>550</b> (2007)

	Information Regarding Transfers To and From Controlling organization as defined in section 512(b)(13).	ontrolled Entiti	es. Complete only if the organiz	zation is a
			512/b)(13) of the Code? If "Ves	Yes No
106	Did the reporting organization <b>make</b> any transfers to a controlled entity a complete the schedule below for each controlled entity.	is defined in section	512(b)(15) of the Code: If Tes	'
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
С				
	Totals			
107	Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled er complete the schedule below for each controlled entity.			"Yes," Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
С				
	Totals			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
108	annuities described in question 107 above?  Under penalties of perjury, I declare that I have examined this ration, including schon parriand complete. Declaration of preparer (other than officer) is based on a fundomization of who	1		
Sig	algitation of officer		Date	
Her	CATHARINE CALLAGHAN, CFO Type or print name and title		I Charlet	N or O'Th) (Co. Co. Lot V
Paid	signature P	Date	self- employed >	SN or PTIN (See Gen. Inst. X)
	e Only sours if self-employed), address, and ZIP+4 WINDES & MCCLAUGHRY ACCT.  WINDES & MCCLAUGHRY ACCT.  P.O. BOX 87  LONG BEACH, CA 90801	CORP.	Phone no. ▶ 562	435-1191
	LETT HONG DERICH, CH JOUR		11 1010101	Form <b>990</b> (2007)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

# Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization COASTAL DEVELOPMENTAL SERVICES Employer identification number FOUNDATION 95 3822105 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, e	nter "None.")			
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARY ROLLINS	CLIENT SVC DR			
5901 GREEN VALLEY , CULVER CITY, CA	40.00	164,593.	48,421.	0.
MARY LOU WEISE-STUSSER	COMM SVCS DIR			
5901 GREEN VALLEY , CULVER CITY, CA	40.00	106,155.	29,234.	0.
LEE WEINSTEIN	ASST DR CLIEN			
5901 GREEN VALLEY , CULVER CITY, CA	40.00	104,817.	13,441.	0.
DANISE LEHRER	HEALTH & MED	DIR		
5901 GREEN VALLEY , CULVER CITY, CA	40.00	103,575.	46,223.	0.
SHARON SMIYTH-GREENHALGH	DIR OF FACILI	TY		
5901 GREEN VALLEY , CULVER CITY, CA	40.00	102,026.	28,638.	0.
Total number of other employees paid				
over \$50,000	75			
Developed Communication of the Fire Highest Deld Ind.		- f - D - f - !		

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

(See page 2 of the instructions. List each one (whether individuals or firms). If there a  (a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ANDREW SCHWICH		
PERSONAL RESIDENCE, SANTA MONICA, CA 90403	PEER MENTOR	74,551
OLIVIA PATTERSON		
PERSONAL RESIDENCE, LOS ANGELES, CA 90056	CPP CONSULTANT	52,975
Total number of others receiving over		
\$50,000 for professional services		

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or

firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PREMIER HEATH CARE SERVICES		
5601 W. SLAUSON AVE # 235, CULVER CITY, CA 90230	RESPITE AGENCY	2,232,163.
ULTIMATE CARE	RESIDENTIAL	
PO BOX 9, EL SEGUNDO, CA 90245	FACILITIES	1,244,325.
EVERY CHILD ACHIEVES	INFANT	
6400 N. LAUREL CANYON, N. HOLLYWOOD, CA 91606	DEVELOPMENT PROG.	793,059.
SOAR WITH YOU OWN WINGS	RESIDENTIAL	
8119 MAITLAND AVE, INGELWOOD, CA 90305	FACILITIES	792,393.
WESLEY PATE JR.	RESIDENTIAL	
11129 HAAS AVENUE, LOS ANGELES, CA 90047	FACILITIES	761,059.
Total number of other contractors receiving over \$50,000 for other services \$112		

723101/12-27-07 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007 FOUNDATION

AS AMENDED

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$ \$ (Must equal amounts on line 38, F line i of Part VI-B.)	Part VI-A, or		x
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.  2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contribute trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any s person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes")	such		Α
attach a detailed statement explaining the transactions.)  a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit? c Furnishing of goods, services, or facilities?  SEE STATEME	NT 10 2c	Х	Х
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FOR e Transfer of any part of its income or assets?		X	Х
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)			X
b Did the organization have a section 403(b) annuity plan for its employees?  c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X	x
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?  4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f	3d		X
and 4g b Did the organization make any taxable distributions under section 4966?	N/A 4b		Х
c Did the organization make a distribution to a donor, donor advisor, or related person? d Enter the total number of donor advised funds owned at the end of the tax year		N/	<u> </u> 'A
Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year     Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on		N/	Α
line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts  g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007 FOUNDATION

AS ABJENT DOED

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4)	through 8 of the instruction	ens.)							
I certif	y that th	e organization is not a private foundation because it is: (	Please check only ONE	applicable box.)								
5												
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)										
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).											
8	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).											
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,										
		and state										
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).										
		(Also complete the Support Schedule in Part IV-A.)										
11a	X	An organization that normally receives a substantial pa	art of its support from a	governmental unit or from	the general	public.						
		Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part (V-A.)		-	•						
116		A community trust. Section 170(b)(1)(A)(vi). (Also cor	nplete the Support Sche	dule in Part IV-A.)								
12		An organization that normally receives: (1) more than :	33 1/3% of its support fi	om contributions, membe	ership fees, a	nd gross						
		receipts from activities related to its charitable, etc., fur										
		its support from gross investment income and unrelate	ed business taxable inco	me (less section 511 tax)	from busines	ses acquired						
		by the organization after June 30, 1975. See section 5	U9(a)(2). (Also complet	e the <b>Support Scheaule</b> II	1 Part IV-A.)							
13		An organization that is not controlled by any disqualifie	d persons (other than fo	undation managers) and	otherwise me	ets the require	ments of section					
		509(a)(3). Check the box that describes the type of sup	porting organization:									
		Type I Type II	Type III-Fu	nctionally Integrated		Type III-C	ther					
		Provide the following information at	out the supported orga	nizations. (See page 8 of	the instruction	ons.)						
		(a)	(b)	(c)	(d)	)	(e)					
		Name(s) of supported organization(s)	Employer	Type of organization	Is the si	pported	Amount of					
			identification	(described in lines	organizatio	on listed in	support					
		,			organization the sup organiz	on listed in porting cation's						
		,,	identification	(described in lines 5 through 12 above	organization the sup organiz	on listed in porting						
·····			identification	(described in lines 5 through 12 above	organization the sup organiz	on listed in porting cation's						
			identification	(described in lines 5 through 12 above	organization the sup organization organizati	on listed in porting cation's documents?						
			identification	(described in lines 5 through 12 above	organization the sup organization organizati	on listed in porting cation's documents?						
			identification	(described in lines 5 through 12 above	organization the sup organization organizati	on listed in porting cation's documents?						
			identification	(described in lines 5 through 12 above	organization the sup organization organizati	on listed in porting cation's documents?						
			identification	(described in lines 5 through 12 above	organization the sup organization organizati	on listed in porting cation's documents?						
			identification	(described in lines 5 through 12 above	organization the sup organization organizati	on listed in porting cation's documents?						
			identification	(described in lines 5 through 12 above	organization the sup organization organizati	on listed in porting cation's documents?						
			identification	(described in lines 5 through 12 above	organization the sup organization organizati	on listed in porting cation's documents?						
			identification	(described in lines 5 through 12 above	organization the sup organization organizati	on listed in porting cation's documents?						
			identification	(described in lines 5 through 12 above	organization the sup organization organizati	on listed in porting cation's documents?						
			identification	(described in lines 5 through 12 above	organization the sup organization organizati	on listed in porting cation's documents?						
			identification	(described in lines 5 through 12 above	organization the sup organization organizati	on listed in porting cation's documents?						
Total			identification	(described in lines 5 through 12 above	organization the sup organization organizati	on listed in porting cation's documents?						
Total			identification	(described in lines 5 through 12 above	organization the sup organization organizati	on listed in porting cation's documents?						

Schedule A (Form 990 or 990-EZ) 2007 FOUNDATION

Рa	TIV-A Support Schedule (C Note: You may use the	omplete only if you che e <i>worksheet in the instr</i>	ecked a box on line 10 octions for convertina	, 11, or 12.) <b>Use cash</b> from the accrual to the	method of accounting cash method of acco	g. untina.
	ndar year (or fiscal year Ining in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	119,349,937.	102,265,610,	94211246.	84238549.	400065342.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	478,616.	121,964.	135,631.	96,865.	833,076.
19	Net income from unrelated business					
20	activities not included in line 18  Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	95,688.	33,679.	SEE STATEME 42,988.	NT 11 20,551.	192,906.
23	Total of lines 15 through 22	119,924,241.	102,421,253.	94389865.	84355965.	401091324.
24	Line 23 minus line 17	119,924,241.	102,421,253.	94389865.	84355965.	401091324.
25	Enter 1% of line 23	1,199,242.	1,024,213.	943,899.	843,560.	
25	Organizations described on lines 10	<b>0 or 11: a</b> Enter 2% of a	amount in column (e), line	9 24	<b>▶</b> 26a	8,021,826.
b	Prepare a list for your records to sho	ow the name of and amous	nt contributed by each pe	rson (other than a govern	imental .	
	unit or publicly supported organization	on) whose total gifts for 2	_		[	
	Do not file this list with your return.					0.
	Total support for section 509(a)(1) to	_			26c	401091324.
d	Add: Amounts from column (e) for li		$\frac{33,076}{00000}$ 19			
			92,906. <sub>26b</sub>		26d	1,025,982.
e	Public support (line 26c minus line 2	26d total)		••••••••••••••••	26e	400065342.
	Public support percentage (line 26)					99.7442%
27	Organizations described on line 12					
	records to show the name of, and to such amounts for each year:	tai amounts received in ea N/A	ich year from, each "disqu	iaimed person," סט <b>not זוו</b>	e this list with your retur	n. Enter the sum of
	(2006)	<b>-</b>	100	204)	(0000)	
b	For any amount included in line 17 th					
D	and amount received for each year, t					
	described in lines 5 through 11b, as					
	the larger amount described in (1) o		·	<del>-</del>		arrivant received and
	(2006)					
C	Add: Amounts from column (e) for li	nes: 15		16	(2000)	***************************************
·	17	20		21	<b>▶</b> 27c	N/A
ď	17 Add: Line 27a total	and	d line 27b total		≥7d	N/A
е	Public support (line 27c total minus	line 27d total)			<b>≫</b> 27e	N/A
f	Total support for section 509(a)(2) to	est: Enter amount on line :	23, column (e)	▶ 27f   1	N/A	
g	Public support percentage (line 27)	e (numerator) divided by	line 27f (denominator))			N/A %
<u>h</u>						N/A %
<b>28</b> L s	<b>Inusual Grants</b> : For an organization de how, for each year, the name of the coeturn. Do not include these grants in I	escribed in line 10, 11, or ontributor, the date and an	12 that received any unus	sual grants during 2003 th	rough 2006, prepare a li	st for your records to
	1 12-27-07	N(	ONE		Schedu	le A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 FOUNDATION

AS 95 18822 105 Pages D

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

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

N/A

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

Schedule A (Form 990 or 990-EZ) 2007 FOUNDATION

AS AWENDED

_	(To be complete	Expenditures by Ele od ONLY by an eligible organic	•		page 11 o	f the instructions.)	N/A
<u>Ch</u>	eck 🕨 a 🔛 if the organiza	ation belongs to an affiliated g	roup. Check	<b>▶</b> b	if you che	cked "a" and "limited contro	" provisions apply.
		mits on Lobbying E	-			(a) Affiliated group totals	(b) To be completed for all electing organizations
	·					N/A	
36	Total lobbying expenditures to	o influence public opinion (gr	assroots lobbying)		. 36		
37	Total lobbying expenditures to						
38	Total lobbying expenditures (	-					
39	Other exempt purpose expend						
40	Total exempt purpose expend						
41							
	If the amount on line 40 is -		nontaxable amount is -				
	Not over \$500,000	20% of the amo	ount on line 40				
	Over \$500,000 but not over \$1,000	,000 \$100,000 plus 1	15% of the excess over \$500,0	00			
	Over \$1,000,000 but not over \$1,50	00,000 \$175,000 plus 1	10% of the excess over \$1,000	,000	41		
	Over \$1,500,000 but not over \$17,0	000,000 \$225,000 plus 6	5% of the excess over \$1,500,	000			
	Over \$17,000,000	\$1,000,000					
42					1		
43	Subtract line 42 from line 36.	,					
44	Subtract line 41 from line 38.						
							<del>'</del>
	Caution: If there is an amo	unt on either line 43 or line	e 44, you must file Forr	n 4720.			
	(	Some organizations that mad	Averaging Period le a section 501(h) electio ructions for lines 45 throu	n do not hav	e to compl	ete all of the five columns	
			Lobbying Exp	enditures Di	uring 4-Ye:	ar Averaging Period	N/A
Ca	endar year (or	(a)	(b)		(c)	(d)	(e)

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

## Part VI-B Lobbying Activity by Nonelecting Public Charities

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

Du	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to	1,,		
infl	uence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
а	Volunteers		X	
b	Paid staff or management (Include compensation in expenses reported on lines a through h.)		Х	
C	Media advertisements		Х	
	Mailings to members, legislators, or the public		Х	
	Publications, or published or broadcast statements		Х	
	Grants to other organizations for lobbying purposes		Х	
	Direct contact with legislators, their staffs, government officials, or a legislative body		Х	
ħ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		Х	
i	Total lobbying expenditures (Add lines c through h.)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			•

723151 12-27-07

Schedule A (Form 990 or 990-EZ) 2007 FOUNDATION

Part VII Information Regarding Transfers

		zations (See page 14 of the instr		d Relationships With Nonchart	able		
51 [		irectly or indirectly engage in any of		er organization described in section			
		section 501(c)(3) organizations) or in		•			
a T	ransfers from the reporting or	ganization to a noncharitable exempt	organization of:			Yes	No
	(i) Cash		*********		51a(i)		Х
(	ii) Other assets		***************************************		. a(ii)		Х
	Other transactions:						
							Х
(	ii) Purchases of assets from a	noncharitable exempt organization	->		. b(ii)		X
(1	ii) Rental of facilities, equipme	ent, or other assets			b(iii)		X
							X
1	(V) Loans or loan guarantees	mambanhia as fundaciales sellabet			b(v)		X
(	vi) Periormance of services of Charles of facilities, aguicment	mailing lists, other assets, or paid e			1		X
				always show the fair market value of the	. L <u></u>		Δ.
		given by the reporting organization.		•			
		nent, show in column (d) the value o	-	•		N/A	
(a)	(b)	(c)	<u> </u>	(d)		21, 11	
Line no		Name of noncharitable ex	empt organization	Description of transfers, transactions, and	sharing ar	rangem	nents
					· · · · · · · · · · · · · · · · · · ·		
						<del></del>	
	s the organization directly or inc ode (other than section 501(c)		one or more tax-exempt org	ganizations described in section 501(c) of the	Yes	X	] No
	"Yes," complete the following s						. 140
	(a)		(b)	(c)			-
	Name of org	janization	Type of organization	Description of relationsh	ıip 		
	· · · · · · · · · · · · · · · · · · ·						
		-					
723152 12-27-07				Schedule A (Forn	n 990 or 9	190-EZ1	2007



FOOTNOTES

STATEMENT

1

THE RETURN IS BEING AMENDED IN ORDER TO CORRECT AND PROPERLY REPORT THE SALARY OF MARYLOU WEISE-STRUSSER, ONE OF THE TOP FIVE HIGHLY COMPENSATED EMPLOYEES REPORTED ON SCHEDULE A.

# AS AVENDE \$5-3822105

FORM 990	OTHER	CHANGES	IN NE	r ASSETS	OR	FUND	BALANCES	STATEMENT	2
DESCRIPTION								AMOUNT	
HEALTH PLAN POST-RETIREM			THER TI	HAN NET	PER:	IODIC		791,7	18.
TOTAL TO FOR	M 990, PAI	RT I, LII	NE 20					791,7	18.
FORM 990		SPECIF	IC ASS	ISTANCE	TO :	INDIV	IDUALS	STATEMENT	3
DESCRIPTION								AMOUNT	
RESIDENTIAL DAY PROGRAMS OTHER PURCHA	}							17,529,8 24,233,1 73,302,5	56.
TOTAL TO FOR	M 990, PAI	RT II, L	INE 23					115,065,5	61.

# AS AMENDED

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

### DESCRIPTION OF PROGRAM SERVICE ONE

IN ACCORDANCE WITH PROVISIONS OF THE LANTERMAN DEVELOPMENTAL DISABILITIES SERVICES ACT OF THE WELFARE AND INSTITUTIONS CODE OF CALIFORNIA, THE ORGANIZATION PROVIDED SERVICES TO PERSONS WITH DEVELOPMENTAL DISABILITIES AND THE FAMILIES OF SUCH PERSONS EXCLUSIVELY FOR CHARITABLE PURPOSES. ORGANIZATION SERVED APPROXIMATELY 7,259 PERSONS WITH DEVELOPMENTAL DISABLITIES DURING THE YEAR. SERVICES INCLUDE, BUT ARE NOT LIMITED TO, PROGRAMS OF PREVENTION, DEVELOPMENTAL DISABILITIES, PUBLIC INFORMATION AND EDUCATION, RESEARCH, MANPOWER AND RESOURCE DEVELOPMENT, AND EVALUATION. THE CENTER SERVICES THE HEALTH DISTRICTS OF INGLEWOOD AND SANTA MONICA-WEST.

		GRANTS	EXPENSES
TO FORM 990, PART III, L	INE A		126,617,647.
FORM 990	OTHER ASSETS		STATEMENT 5
DESCRIPTION		BEGINNING OF YEAR	END OF YEAR
LEASE DEPOSITS		138,772.	138,790.
DUE FROM STATE - ACCRUED EMPLOYEE BENEFITS CONTRACT ADVANCES-STATE OTHER ASSETS		7,310,772. 0. 37,152.	8,878,766. 11,053,354. 134,295.
TOTAL TO FORM 990, PART	IV, LINE 58	7,486,696.	20,205,205.
FORM 990	OTHER LIABILITIES		STATEMENT 6
DESCRIPTION		BEGINNING OF YEAR	END OF YEAR
ACCRUED SALARIES ACCRUED VACATION/BENEFIT POST-RETIREMENT HEALTH C. DUE TO STATE ACCRUED UNEMPLOYMENT INS UNEXPENDED CLIENT SUPPORT CONTRACT ADVANCES-STATE	ARE PLAN OBLIGATION URANCE I	209,205. 782,671. 12,155,927. 100,779. 170,976. 983,355. 289,245.	256,046. 855,279. 12,859,595. 100,797. 177,380. 704,019.
TOTAL TO FORM 990, PART	IV, LINE 65	14,692,158.	14,953,116.

5901 GREEN VALLEY CIR., SUITE 320 2.00

5901 GREEN VALLEY CIR., SUITE 320 2.00

		TOONDATIO		NUL	7	
FORM 990 OTH	ER REVENUE	E INCLUDED ON FO	RM 990	STAT	EMENT	7
DESCRIPTION				AI	MOUNT	
POST-RETIREMENT HEALTH	CARE PLAN	TRUST-INTEREST	INCOME		18,79	8.
TOTAL TO FORM 990, PART	IV-A				18,79	8.
FORM 990 OTHE	R EXPENSES	S INCLUDED ON FO	RM 990	STATI	EMENT	8
DESCRIPTION		*		AI	MOUNT	
POST-RETIREMENT HEALTH INCOME	CARE PLAN	EXPENSE-OFFSET	BY TRUST		18,79	8.
TOTAL TO FORM 990, PART	' IV-B				18,79	8.
FORM 990 PART V-A -		CURRENT OFFICERS AND KEY EMPLOYE		STATI EMPLOYEE	EMENT	9
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		BEN PLAN CONTRIB		
JUDY BLUMENTHAL 5901 GREEN VALLEY CIR., CULVER CITY, CA 90230	SUITE 320	CHAIR 2.00	0.	0.		0.
		VICE CHAIR				
CECILIA FABULICH 5901 GREEN VALLEY CIR., CULVER CITY, CA 90230	SUITE 320	2.00	0.	0.		0.

BOARD MEMBER

BOARD MEMBER

0. 0.

0.

0.

0.

0.

CULVER CITY, CA 90230

CULVER CITY, CA 90230

OLA HUDSON

FELICA FORD

COASTAL DEVELOPMENTAL SERVICES F	ASAVENI	95-182	2105	
RACHEL L. KOOSED JACOBY, M.S. 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230			0.	
PAULA HILTON 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230	BOARD MEMBER 2.00	0.	0.	0.
GAIL C. LOUIS 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230		0.	0.	0.
CHRISTINE J. MONROE 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230	BOARD MEMBER 2.00	0.	0.	0.
DAVID KOTKOV 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230		0.	0.	0.
DANIEL C. REDMOND, JR. 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230	BOARD MEMBER 2.00	0.	0.	0.
DRU GARCIA RICHARDSON 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230		0.	0.	0.
JACK ROSE 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230		0.	0.	0.
NILO CHOUDHRY 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230	CHAIR 2.00	0.	0.	0.
ROBERT E. SCHWARTZ 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230	BOARD MEMBER 2.00	0.	0.	0.
RENE RIVAS 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230	BOARD MEMBER 2.00	0.	0.	0.
TIM SOULE 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230	BOARD MEMBER 2.00	0.	0.	0.
BOB STEINER 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230	BOARD MEMBER 2.00	0.	0.	0.

1			
COASTAL	DEVELOPMENTAL	SERVICES	FOUNDATIO

com.	#755m	67046	server marrie	managed	been now					
200		250	374. ET	80: m24		E Proper		200 Ba	822	
高格	¥5	89	祝養 配飾	題	(C) E	海 葉	翅へ	展整	000	100
A 15	1500	@ 14	語句 新玩	C HOUSE	四	海 色	563 mar	39 — 提二	X//	11115
鬼黑	<b>A</b>	Director.	器 後乳 器	F.O.	簡 早間	寒 殿	The same	医 数	ULL	<b>.</b>
B-200	500 TE	A 44	经的证据	<b>S</b>	は (場)	福 瀬	鰹	製 解		

		MO MIVIL		<u> </u>
RUSSELL TANNER 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230	BOARD MEMBER 2.00	0.	0.	0.
MICHAEL DANNEKER 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230	EXECUTIVE DIR 40.00		26,532.	0.
CATHERINE CALLAGHAN 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230	DIRECTOR OF C			0.
TOTALS INCLUDED ON FORM 990, PART	V-A	399,465.	50,703.	0.

# AS AVENDE 2-3822105

SCHEDULE A

EXPLANATION OF TRANSACTIONS PART III, LINE 2C

STATEMENT

10

PURSUANT TO THE LANTERMAN ACT OF THE STATE OF CALIFORNIA, THE CENTER IS REQUIRED TO APPOINT PERSONS WITH DISABILITIES (CLIENTS WHO RECEIVE SERVICES) OR THEIR PARENTS OR LEGAL GUARDIANS TO THE BOARD OF DIRECTORS. THE LANTERMAN ACT ALSO REQUIRES ONE BOARD MEMBER TO BE A CLIENT SERVICE PROVIDER. TO COMPLY WITH THIS STATE LAW, THE CENTER'S BOARD OF DIRECTORS INCLUDES FOUR CLIENTS, TEN PARENTS/LEGAL GUARDIANS OF CLIENTS, AND ONE SERVICE PROVIDER AS OF JUNE 30, 2008.

# AS AVE 1 95-3822105

SCHEDULE A	OTHER INC	OTHER INCOME					
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT			
REIMBURSEMENT OF EXPENSES	95,688.	33,679.	42,988	. 20,5	51.		
TOTAL TO SCHEDULE A, LINE 22	95,688.	33,679.	42,988	20,5	51.		

# 990

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 conv of this return to a convergence of the converge

Department of the Treasury Internal Revenue Service

A	For the	2007 calendar year, or tax year beginning JU	JL 1, 2007	and end	ing JUN 30	<u>, 2008</u>	3
В	Check if					D Employer	identification number
	applicabl	TUSE IRSU CIASTALL DEVELOPMENTAL	SERVICES				
	Addre chang	label or FOUNDATION				95-3	3822105
	Name chang	Ityne I a real a construction of the construct	delivered to street address)		Room/suite	E Telephon	e number
	Initial return	Specific 5901 GREEN VALLEY CIF			320		))258-4000
	Termin	made to				F Accounting n	
[	Amen	ded ביוד אוד בידווע ביא מתספ	30			Other (specif	
Ē	Applic	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1</li> </ul>	) nonexempt charitable trus	ts	H and I are not onn		ection 527 organizations.
	— perion	must attach a completed Schedule A (Form 990	or 990-EZ).				
G	Woheite	e:▶WWW.WESTSIDERC.ORG			H(a) Is this a group r		a a
		ration type (check only one) ► X 501(c) (3 ) ◄ (insert	no.) 4947(a)(1) or		H(b)  If "Yes," enter nu H(c)   Are all affiliates i		/
		ere if the organization is not a 509(a)(3) supporti			(If "No," attach a		N/A Yes No
		are normally <b>not</b> more than \$25,000. A return is not requir		•	H(d) is this a separat	e return filed	by an or-
		s to file a return, be sure to file a complete return.	ed, but it the organization	-	ganization cover		
_	,,,,,,,,,	to me a return, be ease to me a complete return.			I Group Exemptio		
	eropo r	eceipts: Add lines 6b, 8b, 9b, and 10b to line 12	122 646 12	,	M Check ► X	If the organiz	ration is not required to attach
	art I	· · · · · · · · · ·	133,646,13		Sch. B (Form 99	IU, 990-EZ, 0	r 990-PF).
23.50	7	Revenue, Expenses, and Changes in N		Balan	ices	8888888	8
	1	Contributions, gifts, grants, and similar amounts received		. 1			
	a			1a	C00 F	10	
	0			1b	698,5	19.	
	, C	,		10	122 200 0	<u> </u>	
	d	(3) (	1a) [	1d	132,389,0		100 005 500
	9			133,087,520.			
	2	Program service revenue including government fees and					
	3	Membership dues and assessments					
	4	Interest on savings and temporary cash investments	4	539,815.			
	5	Dividends and interest from securities			***************************************	5	18,798.
	6 a			6a			
	þ	***************************************					
ē	C	(100)	***************************************		*************************	6c	
Revenue	7	Other investment income (describe				) 7	
Ę	8 a	Gross amount from sales of assets other	(A) Securities		(B) Other		
_		than inventory		8a			
	b			8b			
	C	Gain or (loss) (attach schedule)		8c			
	ď	Net gain or (loss). Combine line 8c, columns (A) and (B)			<u>+</u>	8d	
	9	Special events and activities (attach schedule). If any am	ount is from <b>gaming</b> , check t	here 🟲			
	a	3,000		9a			
	b			9b			
	C	, ,				90	<u> </u>
	10 a			10a			
	b			10b			
	C						
	11	Other revenue (from Part VII, line 103)				11	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c	, and 11			12	133,646,133.
Ø	13	Program services (from line 44, column (B))				13	126,617,647.
Expenses	14	Management and general (from line 44, column (C))				14	6,379,967.
þe	15	Fundraising (from line 44, column (D))	15				
ũ	16	Payments to affiliates (attach schedule)	16				
	17	Total expenses. Add lines 16 and 44, column (A)	***************************************			17	132,997,614.
us.	18	Excess or (deficit) for the year. Subtract line 17 from line	12			18	648,519.
Net Assets	19	Net assets or fund balances at beginning of year (from lin	e 73, column (A))		********	19	-5,627,826.
AS.	20	Other changes in net assets or fund balances (attach expl	anation) SI	EE S	TATEMENT :	1 20	791,718.
	21	Net assets or fund balances at end of year. Combine lines	18, 19, and 20	<u>.</u>		21	-4,187,589.
7230 12-2	7-07	LHA For Privacy Act and Paperwork Reduction Act No	tice, see the separate instru	ictions.			Form <b>990</b> (2007)

Part II Statement of

FOUNDATION

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.

Functional Expenses and (	4) orga	nizations and section 4947(	a)(1) nonexempt charitable	e trusts but optional for oth	ers.
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 •	ااد				
If this amount includes foreign grants, check here	22a				
22h Other grants and allocations (attach schedule	)				
(cash \$ 0 • noncash \$ 0 •	2				
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach schedule) STATEMENT 2	23	115,065,561.	115,065,561.		
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key				-	
employees, etc. listed in Part V-A	25a	450,168.	90,033.	360,135.	0.
b Compensation of former officers, directors, key					1
employees, etc. listed in Part V-B	25b	0.	0.	0.	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)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	9,867,992.	6,576,795.	3,291,197.	
27 Pension plan contributions not included on					
lines 25a, b, and c	27	795,366.	482,137.	313,229.	
28 Employee benefits not included on lines					
25a - 27	28	3,457,976.		1,392,315.	
29 Payroll taxes	29	143,159.	77,016.	66,143.	
30 Professional fundraising fees	30				
31 Accounting fees	31	44,418.	28,798.	15,620.	
32 Legal fees	32	168.	109.	59.	
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35	1 270 260	000 700	440 505	
36 Occupancy	36	1,278,260.	828,733.	449,527.	···
37 Equipment rental and maintenance	37	346,338.	224,541.	121,797.	
38 Printing and publications	38	52,744.	34,195.	18,549.	
39 Travel	39	83,666.	76,877.	6,789.	
Conferences, conventions, and meetings	40	24,590.	15,942.	8,648.	
41 Interest	41				
Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize): a COMMUNICATION	42-	135,743.	97 071	17 770	
b GENERAL OFFICE EXPENSE	43a	296,325.	87,971. 235,990.	47,772.	
GINSURANCE	43b	122,741.	79,577.	60,335.	
d CONSULTANT FEES	43c 43d	488,084.	404,319.	43,164. 83,765.	
e EQUIPMENT PURCHASES	43u	130,332.	85,394.	44,938.	
1 DUES	436	58,080.	37,655.	20,425.	
g GENERAL EXPENSES	43g	155,903.	120,343.	35,560.	
44 Total functional expenses. Add lines 22a through	709	200,000.	120,040	33,300.	
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	132,997,614.	126,617,647	6,379,967.	0.
Joint Costs. Check ▶ ☐ if you are following			120,01/,04/.	0,017,301.	
Are any joint costs from a combined educational campai			orted in (R) Program consis	nac?	Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos			i) the amount allocated to		N/A
(iii) the amount allocated to Management and general \$	Ψ_	/-	v) the amount allocated to		N/A
777) the amount anocated to ivaliagethesit and general \$\psi\$		, , and (I	- , are armount anobated to	i onutaionity o	Enr. 000 (2027)

FOUNDATION

Form 990 (2007)

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.

	hat is the organization's primary exempt purpose UPPORT FOR DEVELOPMENTAL	e?► LY DISABLED AND THEIR FAMILIES		Program Service Expenses
clie	ients served, publications issued, etc. Discuss a	ose achievements in a clear and concise manner. State the number of chievements that are not measurable. (Section 501(c)(3) and (4) e trusts must also enter the amount of grants and allocations to others	.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SEE STATEMENT 3			
b	(Grants and allocations \$	) If this amount includes foreign grants, check here		126,617,647.
С	(Grants and allocations \$	) If this amount includes foreign grants, check here		
ď	Grants and allocations \$	) If this amount includes foreign grants, check here		
e	(Grants and allocations \$  Other program services (attach schedule)	) If this amount includes foreign grants, check here		
f	(Grants and allocations \$  Total of Program Service Expenses (should a	) If this amount includes foreign grants, check here equal line 44, column (B). Program services)	▶	126,617,647.
				Form <b>990</b> (2007)

Form 990 (2007) FOUNDATION

Part IV Balance Sheets (See the instructions.)

	: Whe	ere required, attached schedules and amounts wald be for end-of-year amounts only.	ithin the	e de:	scription c	olumn		<b>(A)</b> Beginning of year		(B) End of year
	45	Cash - non-interest-bearing						13.911.	45	21.519.
	46	Savings and temporary cash investments						13,911. 12,169,149.	46	21,519. 2,197,355.
					,					
	47 a	Accounts receivable	47a	47a						
	b	Less: allowance for doubtful accounts	47b						47c	
	48 a									
	þ			_					48c	
	49	Grants receivable							49	
	50 a	Receivables from current and former officers, of			•		ŀ			
		key employees							50a	
	b	Receivables from other disqualified persons (as					ĺ			
ets		4958(f)(1)) and persons described in section 49		ŀ			}		50b	
Assets		Other notes and loans receivable		_						
	1	Less: allowance for doubtful accounts						***************************************	51c	
	52	Inventories for sale or use						262,101.	52	127,447.
	53	Prepaid expenses and deferred charges			Cost			202,101		127,447.
	54 a	Investments - publicly-traded securities			Cost		MV L		54a	
	1	Investments - land, buildings, and	'	L	0081	L Г	1010		54b	
	00 a	equipment: basis	55a							
		equipment. basis	500							
	h	Less: accumulated depreciation	55b						55c	
	56	Investments - other							56	
	57 a									
	b	Less: accumulated depreciation							57c	
	58	Other assets, including program-related investments								
		(describe ►S:	)	7,486,696.		20,205,205.				
	59	Total assets (must equal line 74). Add lines 45	throug	h 58				19,931,857.		22,551,526.
	60	Accounts payable and accrued expenses			• • • • • • • • • • • • • • • • • • • •		[	10,867,525.	60	11,785,999.
	61	Grants payable		• • • • •					61	
w	62	Deferred revenue							62	
bilities	63	Loans from officers, directors, trustees, and ke						····	63	
		Tax-exempt bond liabilities							64a	
Ë	i .	Mortgages and other notes payable			· · · · · · · · · · · · · · · · · · ·	······································	-	14 600 150	64b	11 050 115
	65	Other liabilities (describe S	ee s	ΤA	TEMEN	T 5	— ) <del> </del>	14,692,158.	65	14,953,116.
	50	The Cart Addition of the Control of the Cart Addition of the Cart Additi						25 550 602		26 720 115
	66	Total liabilities. Add lines 60 through 65						25,559,683.	66	26,739,115.
	Orga	67 through 69 and lines 73 and 74.	A	and	complete	ines	ļ			
es	67	Unrestricted	•					-5,627,826.	67	-4,187,589.
auc	68	Temporarily restricted						370277020.	68	4,101,305.
Bai	69	Permanently restricted							69	
2		inizations that do not follow SFAS 117, check					·····  -		03	
ũ		complete lines 70 through 74.		_						
SO	70	Capital stock, trust principal, or current funds							70	
set	71	Paid-in or capital surplus, or land, building, and					Г		71	
Net Assets or Fund Baiances	72	Retained earnings, endowment, accumulated income, or other funds					Г		72	
Net	73	Total net assets or fund balances. Add lines 67 thro								
		(Column (A) must equal line 19 and column (B) must						-5,627,826.	73	-4,187,589. 22,551,526.
	74	Total liabilities and net assets/fund balances	. Add lin	ies 6	6 and 73	·····		19,931,857.	74	22,551,526.

P	Reconciliation of Revenue per Audited Fina instructions.)	ncial Statements W	ith Revenue p	er Re	eturn (Se	e the
а	Total revenue, gains, and other support per audited financial stateme	nts			а	133,627,335,
b	Amounts included on line a but not on Part I, line 12:	***************************************	******************			
1	Net unrealized gains on investments	<sub>1</sub>	o1			
2	Donated services and use of facilities					
3	Recoveries of prior year grants					
4			04			
	Add lines b1 through b4				b	0.
3	Subtract line b from line a		*************************		C	133,627,335.
đ	Amounts included on Part I, line 12, but not on line a:	1				
1	The state of the s	<u>_</u>				
2	Other (specify): SEE STATEMENT 6		18,7			
	Add lines d1 and d2	• • • • • • • • • • • • • • • • • • • •	•••••		d	18,798.
e	Total revenue (Part I, line 12). Add lines c and d		W 100	. 🕨	e	133,646,133.
	art IV-B Reconciliation of Expenses per Audited Fina	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
а	Total expenses and losses per audited financial statements				а	132,978,816.
b	Amounts included on line a but not on Part I, line 17:	4	I			
1	Donated services and use of facilities					
2	Prior year adjustments reported on Part I, line 20					
3	Losses reported on Part I, line 20					
4			04			0
_	Add lines b1 through b4				b	0.
5	Subtract line b from line a	**\**\			С	132,978,816.
Q 1	Amounts included on Part I, line 17, but not on line a:	I.				
1	Investment expenses not included on Part I, line 6b		18,7	0.0		
2	Other (specify): SEE STATEMENT 7				[******]	18,798.
	Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d				d	
Ď.	art V-A Current Officers, Directors, Trustees, and Ke	v Employees (List ear	h nerson who wa	s an of	e fficer dire	132,997,614.
NORTH COL	or key employee at any time during the year even if they we	re not compensated \ /\$e	the instructions i			
	(A) Name and address	(B) Title and average hours per week devoted to position	(If not paid, enter -0)	emple plans compe	ntributions to oyee benefit s & deferred nsation plans	(E) Expense account and other allowances
55		•				_
SE	E STATEMENT 8		399,465.	50	,703.	0.
~						

_			DEVELOPMENTAL	SERVICES	AS ORI(	illalli	
MARKET PROPERTY.	1990 (2007) nt V⊬A Current Offic	FOUNDATI	ON ors, Trustees, and Ke	v Employooc /#		<del>7</del> 2-38221	Yes No
******							Tes NO
10 a			rs, and trustees permitted t	<del>-</del>	siness at board	19	
b	listed in Schedule A, Part	I, or highest coreach other thro	y employees listed in Form npensated professional and ugh family or business relat lip(s)	d other independent contr	actors listed in Sc a statement that i	hedule A, dentifies	75b X
C	listed in Schedule A, Part Part II-A or II-B, receive coorganization? See the ins	I, or highest cor ompensation from tructions for the	employees listed in Form supensated professional and any other organizations, definition of "related organ	d other independent contr whether tax exempt or tax ization."	actors listed in Sc	hedule A, ed to the	75c X
d	Does the organization ha		the information described i lict of interest policy?		***************************************		75d X
Pa			rs, Trustees, and Ke				
			director, trustee, or key en and enter the amount of cor				
		Name and address	NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred	(E) Expense account and
	· · · · · · · · · · · · · · · · · · ·		110212		J. J	compensation plans	Other anowances
	NAME ALAN STATE NAME THAT THE ROOM AND AND ASSESSMENT						
Pa	t VI Other Informa	ition (See the in	nstructions.)		.t	I	Yes No
76		e a change in its	activities or methods of co			1	76 X
77		in the organizing	or governing documents b			—	77 X
78 a	Did the organization have	unrelated busin	ess gross income of \$1,000		-	,	78a X
79	If "Yes," has it filed a tax  Was there a liquidation of		190-1 for this year? nation, or substantial contra	action during the year? If '			78b X
80 a	Is the organization related	d (other than by a	association with a statewide	e or nationwide organizati	on) through comm	on	
þ			officers, etc., to any other e n► THE ACHIEVA	BLE FOUNDATIO	N	<u>                                </u>	30a X
81 a	Enter direct and indirect p	political expendit	ures. (See line 81 instructio	and check whether it is ns.)	X exemptor	nonexempt 0.	
b	Did the organization file F	orm 1120-POL 1	or this year?				31b X
							Form <b>990</b> (2007)

COASTAL DEVELOPMENTAL SERVICES Form 990 (2007) FOUNDATION Part VI Other Information (continued) Yes 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) X 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A 83b 84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 84b 85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A 85a b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 85b If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. N/A Dues, assessments, and similar amounts from members 85c Section 162(e) lobbying and political expenditures N/A N/A Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A 85a If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the N/Afollowing tax year? 85h 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on 86 N/A line 12 N/A b Gross receipts, included on line 12, for public use of club facilities 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... N/A 87 87a b Gross income from other sources. (Do not net amounts due or paid to other sources N/A 88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX Х 88a that any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88h Х 89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction Х c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Enter: Amount of tax on line 89c, above, reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? X All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? Х For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Х 90 a List the states with which a copy of this return is filed ▶CA b Number of employees employed in the pay period that includes March 12, 2007 199 91 a The books are in care of ▶ CATHERINE CALLAGHAN Telephone no. ► 310-258-4000 Located at ▶ 5901 GREEN VALLEY CIRCLE, CULVER CITY, CA Yes No b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X

Form 990 (2007)

N/A

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

and Financial Accounts.

If "Yes," enter the name of the foreign country

t At any time during the calendar year, did the organization maintain an office outside of the United States?  If "Yes," enter the name of the foreign country ▶ N/A  2 Section 4947(e)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A  Part VII Analysis of Income-Producing Activities (See the instructions.)  Note: Enter gross amounts unless otherwise indicated.  A (A)  Business Amount (C)  I (D)  Related or exempt function income  1 Medicare/Medicaid payments  I Medicare/Medicaid payments  I Medicare/Medicaid payments 94 Membership dues and assessments 95 Interest on savings and temporary cash investments 14 539,815.  Dividends and interest from securities 14 18,798.  Proper trust income or (loss) from real estate:  a debt-financed property  N/A  I N/A  (E)  Related or exempt function income  1 Medicare/Medicaid payments 14 18,798.  Proper trust income or (loss) from personal property 95 Other Investment Income  O Gain or (loss) from special events 50 Other Investment Income 50 Other Invest	Form 990 (2007) FOUNDATION			£	TO VIII MIST	8-22105 Lag 8
If Yeas, 'enter the name of the foreign country is not seed in a second of surface from 1941 - Check here	Part VI Other Information (continued)					Yes No
Received and Part (Net) (In nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Chock here	c At any time during the calendar year, did the or	ganization main	tain an office outside	of the Unite	d States?	91c X
and enter the amount of tax-exampl interest received or accrued during the tax year    Part MIL   Amplysis of Income Production Activities (see the instructions)   Note Enter gross amounts unless otherwise indicated.	If "Yes," enter the name of the foreign country	<b>&gt;</b>	N/A			
Note Enter gross amounts unless otherwise   Durnishe business income   Countried business   Countried bus						
Note: Enter gross amounts unless otherwise indicated.    An   (3)   (3)   (C)   (D)				▶ 92	N/A	
indicated.  By Program service revenue:  By P	Part VII Analysis of Income-Producing					
Business Code  Amount relation income  Business Amount Code  Amount relation income  Transformation income  Business Code  Amount relation income  I Medicare-Medicaid payments  Business Code  Business Code  Business Code  Business Code  Business Code  Amount relation income  I Medicare-Medicaid payments  Business Code	Note: Enter gross amounts unless otherwise					(E)
Time   Code				Exclu-		•
Modicare/Medicald payments	93 Program service revenue:	code			711704111	function income
I Medicarer/Medicaid payments  § Fees and contracts from government agencies  § Membership dues and assessments  § Interest on savings and temporary cash investments  § Interest on savings and temporary cash investments  § Dividends and interest from securities  ¶ Net rental income or (losa) from real estate:  a debt-financed property  ¶ not debt-financed property  ¶ Other investment income  © Gain or (loss) from soles of assets  other than inventory  © The income or (losa) from special events  © Gross profit or (losa) from soles of assets  other than inventory  © Not income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of hiventory  © The income or (losa) from soles of	â					
d   Medicare/Medicaid payments   1   Medicare/Medicaid payments   1   1   1   1   1   1   1   1   1	b					
Medicare/Medicald payments   1   Medicare/Medicald payments   3   Fees and contracts from government agencies   9   Membership dues and assessments   14   539,815.     So Interest on savings and temporary cash investments   14   18,798.     Dividends and interest from securities   14   18,798.     Net rental income or (loss) from real estate:   debt-financed property	c	_		<del>  </del>		
Membership dues and assessments	d				<u></u>	
a Fees and contracts from government agencies  y Membership dues and assessments  states to navings and temporary cash investments  states to navings and temporary cash investments  p Net rental income or (loss) from real estate:  a debt-financed property  b not debt-financed property  control to debt-financed property  b not debt-financed property  control to the investment income  Gain or (loss) from personal property  control to the investment income  Gain or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the income or (loss) from special events  control than inventory  to the inventor income  control than inventory  to the inventor income  control than inventor income  control tha		_				
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Section   Sec	•					
95 Dividends and interest from securities 97 Net rental income or (loss) from real estate: a debt-financed property b not debt-financed property 98 Net rental income or (loss) from personal property 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 110 Net income or (loss) from special events 121 Gross profit or (loss) from sales of inventory 131 Other revenue:	•			1.4	E 20 015	
97 Net rental income or (loss) from real estate: a debt-financed property 98 Net rental income or (loss) from personal property 99 Other investment income 10 Sain or (loss) from sales of assets 0 other than inventory 11 Net income or (loss) from special events 12 Gross profit or (loss) from sales of inventory 13 Other revenue:  a b c d d Substotal (add columns (B), (D), and (E)) 15 Total (add line 104, columns (B), (D), and (E)) 16 Total (add line 104, columns (B), (D), and (E)) 17 Total (add line 104, columns (B), (D), and (E)) 18 Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part VIII   Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)    Part IX   Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)   Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)   Part IX   Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)   Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)   Part IX   Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)   Relationship of Activities (See the instructions.)   Part IX   Information Regarding Transfers Associated with Personal Benefit Contracts (See the Instructions.)   Part IX   Information Regarding Transfers Associated with Personal Benefit Contracts (See the Instructions.)   Part IX   Information Regarding Transfers Associated with Personal Benefit Contracts (See the Instructions.)   Part IX   Information Regarding Transfers Associated with Personal Benefit Contracts (See the Instructions.)	, ,	···			10 700	
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B Not rental income or (loss) from personal property  98 Net rental income or (loss) from personal property  90 Other investment income  100 Gain or (loss) from sales of assets other than inventory  110 Net income or (loss) from sales of inventory  121 Other revenue:  122 Gross profit or (loss) from sales of inventory  133 Other revenue:  13  14  15  15  15  16  17  18  18  18  18  19  19  19  19  19  19	• •					
98 Net rental income or (loss) from personal property 99 Other investment income 10 Gain or (loss) from sales of assets 11 other than inventory 11 Net income or (loss) from sales of inventory 12 Gross profit or (loss) from sales of inventory 13 Other revenue:  8						
99 Other investment income  00 Gain or (loss) from sales of assets other than inventory  11 Net income or (loss) from sales of inventory 12 Gross profit or (loss) from sales of inventory 13 Other revenue:  8						
Of Gain or (loss) from sales of assets other than inventory  Of Net income or (loss) from special events  Of Net income or (loss) from special events  Of Seros profit or (loss) from sales of inventory  Of Seros profit or (loss) from sales of inventory  Of Subtotal (add columns (B), (D), and (E))  Of Subtotal (add columns (B), (D), and (E))  Of Subtotal (add line 104, columns (B), (D), and (E))  Of Stotal (add line 104, columns (B), (D), and (E))  Of Serotal (add line 105 plus line 1e, part I, should equal the amount on line 12, part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)  Line No.  Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part XII Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  (B)  (C)  (D)  (C)  (D)  (E)  Total income  End-6-year assets  N/A  %  N/A  %  Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  X No						
other than inventory  11 Not income or (loss) from special events  12 Gross profit or (loss) from sales of inventory  13 Other revenue:  2						
101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue:    a	• •					
02 Gross profit or (loss) from sales of inventory						
D3 Other revenue:  a b b c d Subtotal (add columns (B), (D), and (E)						
D 4 Subtotal (add columns (B), (D), and (E))	103 Other revenue:					
b c d d d d d d d d d d d d d d d d d d	a					
t d e	<b>L</b>					
d Subtotal (add columns (B), (D), and (E)						
Total (add line 104, columns (B), (D), and (E)  Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)  Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  (A) (B) (C) (D) (E)  Name, address, and EIN of corporation, partnership, or disregarded entity ownership interest (See the instructions)  N/A %  N/A %  Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No	3	l i				
Total (add line 104, columns (B), (D), and (E)  Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)  Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  (A) (B) (C) (D) (E)  Name, address, and EIN of corporation, partnership, or disregarded entity ownership interest (See the instructions)  N/A %  N/A %  Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No	e					
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Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.    Relationship of Activities to the Accomplishment of Exempt Purposes (See the Instructions.)	105 Total (add line 104, columns (B), (D), and (E))				▶_	558,613.
Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  (A) (B) (C) (D) (E)  Name, address, and EIN of corporation, partnership, or disregarded entity ownership interest ownership interest Nature of activities ownership interest assets  N/A %  N/A %  Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No	<b>Note:</b> Line 105 plus line 1e, Part I, should equal the a	mount on line 12	?, Part I.			
exempt purposes (other than by providing funds for such purposes).    Part   X   Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)   (A)   (B)   (C)   (D)   (E)     Name, address, and EIN of corporation, partnership, or disregarded entity   Percentage of ownership interest   %     N/A   %   End-of-year assets     N/A   %     Part   X   Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)   (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   Yes   X   No						
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  (A) (B) (C) (D) (E)  Name, address, and EIN of corporation, partnership, or disregarded entity Percentage of ownership interest ownership interest Nature of activities Total income End-of-year assets  N/A %  N/A %  Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No				ed importantly	y to the accomplishment of	fthe organization's
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  N/A  N/A  No  Notative of activities  Nature of activities  Nature of activities  Nature of activities  Notation  (D)  (E)  End-of-year assets  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	exempt purposes (other than by providing fun	ds for such purpos	Ses).			
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  N/A  N/A  No  Notered tage of ownership interest  Nature of activities  Nature of activities  Nature of activities  Total income  End-of-year assets  N/A  N/A  N/B  No  No  No  No  No  No  No  No  No  N						
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  N/A  N/A  No  Notered tage of ownership interest  Nature of activities  Nature of activities  Nature of activities  Total income  End-of-year assets  N/A  N/A  N/B  No  No  No  No  No  No  No  No  No  N					,	
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  N/A  N/A  No  Notered tage of ownership interest  Nature of activities  Nature of activities  Nature of activities  Total income  End-of-year assets  N/A  N/A  N/B  No  No  No  No  No  No  No  No  No  N						
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  N/A  N/A  No  Notered tage of ownership interest  Nature of activities  Nature of activities  Nature of activities  Total income  End-of-year assets  N/A  N/A  N/B  No  No  No  No  No  No  No  No  No  N	Port IV Information Departing Toyoh	la Cubaidiad	Di	J_ J [F1;z]	i	
Name, address, and EIN of corporation, partnership, or disregarded entity  NAME NAME NAME NAME NAME NAME NAME NAME	(A) (B)	ie Subsidiari		dea Enui		
N/A %  N/	Name, address, and EIN of corporation, Percentage	of			1. 1	End-of-year
N/A %  %  **Bart X** Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  **(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No	partnership, or disregarded entity — ownership int					<u>assets</u>
%   %   %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %   %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %     %   %     %     %     %     %     %     %     %     %     %     %   %     %     %     %     %     %     %     %     %     %     %   %     %     %     %     %     %     %     %     %     %     %   %     %     %     %     %     %     %     %     %     %     %   %     %     %     %     %     %     %     %     %     %     %   %     %     %     %     %     %     %     %     %     %     %	N/A					
## Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No	N/A					
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No						
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Part X Information Regarding Transf		ed with Persona	l Repefit	Contracts (See the	instructions )
(w) Fro the organization, adding the year, pay premiums, ancomy or indirectly, on a personal building building ( ) ! Tes   I A   MA				-	DOUGHE CONTINUES	
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).		-	•	· · · · · · · · · · · · · · · · · · ·	**	. LES (41) 140

	rt XI Information Regarding Transfers To and From Controlling organization as defined in section 512(b)(13).	Controlled Entit		
106	Did the reporting organization make any transfers to a controlled entity complete the schedule below for each controlled entity.	as defined in section	n 512(b)(13) of the Code? If "Ye	es," Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
С				
	Totals			
107	Did the reporting organization receive any transfers from a controlled encomplete the schedule below for each controlled entity.	ntity as defined in se	ection 512(b)(13) of the Code?	If "Yes,"
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
ь				
С				
	Totals			
108	Did the organization have a binding written contract in effect on August annuities described in question 107 above			
Plea: Sign		ring schedules and statem ch preparer has any knowl		d belief, it is true, correct,
Here	P Signature of unicer		Date	··········
Paid Prepa	Preparer's signature signature WINDES & MCCLAUGHRY ACCT.	Date CORP •	self- employed >	SN or PTIN (See Gen. Inst. X)
Jse C	yours if self-employed, address, and ZIP+4  yours if NDES & FICCHAOGHR! ACCI. P.O. BOX 87 LONG BEACH, CA 90801	CORE :	Phone no. ▶ 562	435-1191

# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2007

2007

COASTAL DEVELOPMENTAL SERVICES Employer identification number FOUNDATION 95 3822105 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours (e) Expense account and other (a) Name and address of each employee paid employee benefit plans & deferred compensation per week devoted to (c) Compensation more than \$50,000 allowances position MARY ROLLINS CLIENT SVC DR 5901 GREEN VALLEY CULVER CITY 40.00 164,593 48,421 0. MARY LOU WEISE-STUSSER COMM SVCS DIR 5901 GREEN VALLEY CULVER CITY ĈĀ 0. 40.00 164,593. 29,234 LEE WEINSTEIN ASST DR CLIEN 5901 GREEN VALLEY CULVER CITY CA 0. 40.00 104,817. 13,441 HEALTH & MED DANISE LEHRER DIR 5901 GREEN VALLEY , CULVER CITY, 40.00 103,575. 46,223. 0. SHARON SMIYTH-GREENHALGH DIR OF FACILITY 5901 GREEN VALLEY CULVER CITY, 40.00 102,026. 28,638. 0. Total number of other employees paid 75 over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation ANDREW SCHWICH PERSONAL RESIDENCE, SANTA MONICA PEER MENTOR 74,551. OLIVIA PATTERSON PERSONAL RESIDENCE, LOS ANGELES CPP CONSULTANT 52,975. Total number of others receiving over 0 \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of service	(c) Compensation
PREMIER HEATH CARE SERVICES			
5601 W. SLAUSON AVE # 235, CULVER CIT	Y, CA 9023	0 RESPITE AGENCY	2,232,163
ULTIMATE CARE		RESIDENTIAL	
PO BOX 9, EL SEGUNDO, CA 90245		FACILITIES	1,244,325
EVERY CHILD ACHIEVES		INFANT	
6400 N. LAUREL CANYON, N. HOLLYWOOD,	CA 91606	DEVELOPMENT PROG.	793,059.
SOAR WITH YOU OWN WINGS		RESIDENTIAL	•
8119 MAITLAND AVE, INGELWOOD, CA 9030	55	FACILITIES	792,393.
WESLEY PATE JR.		RESIDENTIAL	
11129 HAAS AVENUE, LOS ANGELES, CA 90	047	FACILITIES	761,059.
Total number of other contractors receiving over			· · · · · ·
\$50,000 for other services	112		

/12-27-07 L.HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007 FOUNDATION

# AS ORIGINALLY, FILED

	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$	1		x
2	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	•		- 15
	person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)  a Sale, exchange, or leasing of property?  b Lending of money or other extension of credit?	2a 2b		X X
	c Furnishing of goods, services, or facilities? SEE STATEMENT 9 d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990 e Transfer of any part of its income or assets?	2¢ 2d 2e	X	Х
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) b Did the organization have a section 403(b) annuity plan for its employees?	3a 3b	Х	Х
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3c 3d		X
	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g b Did the organization make any taxable distributions under section 4966?  N/A	4a 4b		Х
	c Did the organization make a distribution to a donor, donor advisor, or related person?  d Enter the total number of donor advised funds owned at the end of the tax year  e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	40	N/	
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts  g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Par	l IV	Reason for Non-Private Foundation S	Status (See pages 4 t	hrough 8 of the instructio	ns.)		
certify	that th	ne organization is not a private foundation because it is: (	Please check only ONE a	pplicable box.)			··· , ···
5		A church, convention of churches, or association of ch		I)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part	·	***			
7	$\vdash$	A hospital or a cooperative hospital service organizatio					
8 9	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,						
3	ئـــا	and state	on with a nospital, section	1 170(U)(1)(A)(III). EINEF	ne nospitar	s maine, city,	
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).						
	<b></b>	(Also complete the Support Schedule in Part IV-A.)	aminotoky omnog or opo	ated by a governmentar.			-
11a	X	An organization that normally receives a substantial pa	art of its support from a g	overnmental unit or from	the general	public.	
		Section 170(b)(1)(A)(vi). (Also complete the Support			• .	•	
11b		A community trust. Section 170(b)(1)(A)(vi). (Also cor	nplete the Support Sche	dule in Part IV-A.)			
12		An organization that normally receives: (1) more than 3					
		receipts from activities related to its charitable, etc., fur					
		its support from gross investment income and unrelate by the organization after June 30, 1975. See section 5				sses acquired	
					, i		•
13	Ш	An organization that is not controlled by any disqualifie	•	undation managers) and	otherwise m	eets the requirer	nents of section
		509(a)(3). Check the box that describes the type of sup	· • —				
		Type I Type II	ii Type III-Fu	nctionally Integrated		Type III-0	tner
		Provide the following information at	bout the supported orga	nizations. (See page 8 of	the instructi	ons.)	
		(a)	(b)	(c)	(d	)	(e)
		Name(s) of supported organization(s)	Employer	Type of organization		upported	Amount of
			identification number (EIN)	(described in lines 5 through 12 above		on listed in porting	support
			,	or IRC section)	organi	zation's	
					governing	documents?	
					Yes	No	
					ļ		
					<del>                                     </del>	<del> </del>	
otal				***************************************		<b>&gt;</b>	
14	لـــا	An organization organized and operated to test for pub	lic safety. Section 509(a)	(4). (See page 8 of the in:	structions.)		

Sched	C Jule A (Form 990 or 990-EZ) 2007 F	OASTAL DEVE OUNDATTON	LOPMENTAL S	ERVICES	IS ORIGINA	8221 05 - 849-4
	TIV-A Support Schedule (C	omplete only if you che	ecked a box on line 10	, 11, or 12.) Use cash	method of accounting	<b>1</b> .
Calen	Note: You may use the	e worksheet in the insti I	ructions for converting	from the accrual to the	e cash method of acco	unting.
	ning in) ` 🕨	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	119,349,937.	102,265,610.	94211246.	84238549.	400065342.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	478,616.	121,964.	135,631.	96,865.	833,076.
19	Net income from unrelated business					
20	activities not included in line 18  Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	95,688.	33,679.	SEE STATEME 42,988.	NT 10 20,551.	192,906.
23	Total of lines 15 through 22	119,924,241.	102,421,253.	94389865.	84355965.	401091324.
24	Line 23 minus line 17	119,924,241.	102,421,253.	94389865.	84355965.	401091324.
25	Enter 1% of line 23	1,199,242.	1,024,213.	943,899.	843,560.	
26	Organizations described on lines 1				200020000000000000000000000000000000000	8,021,826.
þ	Prepare a list for your records to sho		•	•	[000000000000pp	
	unit or publicly supported organizati  Do not file this list with your return.	•				0.
r	Total support for section 509(a)(1) t					401091324.
d	Add: Amounts from column (e) for li		33.076. 19			1010313211
-	(0)	22 1	92,906. <sub>26b</sub>			1,025,982.
8	Public support (line 26c minus line 2				≥ 26e	400065342.
f	Public support percentage (line 26)					99.7442%
27	Organizations described on line 12					
	records to show the name of, and to		ach year from, each "disq	ualified person." <b>Do not fi</b>	le this list with your retur	n. Enter the sum of
		N/A				
_	(2006)					
b	For any amount included in line 17 that and amount received for each year, t		•		-	•
	described in lines 5 through 11b, as			· ·		_
	the larger amount described in (1) o	•	•			arriodite roccived and
	(2006)		•			
C	Add: Amounts from column (e) for li			16		N/A
đ	Add: Line 27a total		d line 27b total		≥ 27d	N/A
8	Public support (line 27c total minus					N/A
f	Total support for section 509(a)(2) to	est: Enter amount on line	23, column (e)	271	N/A	
g	Public support percentage (line 27)					N/A %
h	Investment income percentage (lin	e 18, column (e) (numer	ator) divided by line 27f	(denominator))	▶ 27h	N/A %

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

NONE

Schedule A (Form 990 or 990-EZ) 2 Schedule A (Form 990 or 990-EZ) 2007 Schedule A (Form 990 or 990-EZ) 2007 FOUNDATION

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

(To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33 Students' rights or privileges? 33a Admissions policies? Employment of faculty or administrative staff? 33€ Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f Athletic programs? 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

If you answered "Yes" to either 34a or b, please explain using an attached statement.

Schedule A (Form 990 or 990-EZ) 2007

35

P	art VI-A Lobbying Expenditures by Electing Public Charities (See pa (To be completed ONLY by an eligible organization that filed Form 5768)	age 11 o	f the instructions.)	N/A
Che	eck ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if	you che	cked "a" and "limited control"	provisions apply.
	Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
	(The term experiences means amounts paid of mounted.)		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table -			
	If the amount on line 40 is - The lobbying nontaxable amount is -			
	Not over \$500,000 20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000 \$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

### 4-Year Averaging Period Under Section 501(h)

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

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

### Part VI-B Lobbying Activity by Nonelecting Public Charities

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

	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	No	Amount
nfl	uence public opinion on a legistative matter or referendum, through the use of:	162	ן שייו	Amount
a	Volunteers		Х	
b	Paid staff or management (Include compensation in expenses reported on lines a through h.)		Х	
Ç	Media advertisements		Х	
d	Mailings to members, legislators, or the public		X	
е	Publications, or published or broadcast statements		Х	
f	Grants to other organizations for lobbying purposes		Χ	
	Direct contact with legislators, their staffs, government officials, or a legislative body		Х	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		Х	
	Total lobbying expenditures (Add lines c through h.)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

723151 12-27-07

AS ORIGINALLY FILED

Schedule A	(Form 990)	or 990-F7\ 2007	FOUNDATE	ron

chedu	le A (Form 990 or 990-EZ) 200	7 FOUNDATION		95-	3822105	1	Page 7
Parl		-		d Relationships With Noncha	ritable		
		zations (See page 14 of the instr					
		directly or indirectly engage in any of section 501(c)(3) organizations) or in					
	• •	ganization to a noncharitable exempt		mucai organizations?	[F	Yes	No
a	· –	-	•		r		X
							X
	Other transactions:		***************************************				
	(i) Sales or exchanges of asse	ets with a noncharitable exempt organ	nization		b(i)		Х
							Х
							X
							Х
							X
							X
					C	l	Х
		e is "yes," complete the following scr s given by the reporting organization.		always show the fair market value of the			
		s given by the reporting organization. nent, show in column (d) the value of	_	Ţ.	x	I/A	
(a)	(b)	(c)	i ine goods, other assets, o	(d)		1 / 22	
Line n		Name of noncharitable exe	empt organization	Description of transfers, transactions, ar	nd sharing arra	ngem	nents
			· · · · · · · · · · · · · · · · · · ·				
*****					····		
•							
2 a	s the organization directly or in	directly affiliated with, or related to, o	ne or more tax-exempt org	anizations described in section 501(c) of the	ne		
	Code (other than section 501(c				Yes	X	No
b	f "Yes," complete the following	schedule: N/A	T				
	(a Name of or	) nanization	(b) Type of organization	(c) Description of relation	nehin		
	142110 01 01	gameaton	Type of organization	Description of fetation			
						-	
						··	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 1
DESCRIPTION		AMOUNT
	RELATED CHANGES OTHER THAN NET PERIODIC ENT BENEFIT COST	791,718.
TOTAL TO FOR	M 990, PART I, LINE 20	791,718.
FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT 2
DESCRIPTION		AMOUNT
RESIDENTIAL DAY PROGRAMS OTHER PURCHA	CARE FACILITIES SED SERVICES	17,529,858. 24,233,156. 73,302,547.
TOTAL TO FOR	M 990, PART II, LINE 23	115,065,561.

# AS ORIGINALE-KAZKIED

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

### DESCRIPTION OF PROGRAM SERVICE ONE

IN ACCORDANCE WITH PROVISIONS OF THE LANTERMAN DEVELOPMENTAL DISABILITIES SERVICES ACT OF THE WELFARE AND INSTITUTIONS CODE OF CALIFORNIA, THE ORGANIZATION PROVIDED SERVICES TO PERSONS WITH DEVELOPMENTAL DISABILITIES AND THE FAMILIES OF SUCH PERSONS EXCLUSIVELY FOR CHARITABLE PURPOSES. THE ORGANIZATION SERVED APPROXIMATELY 7,259 PERSONS WITH DEVELOPMENTAL DISABLITIES DURING THE YEAR. SERVICES INCLUDE, BUT ARE NOT LIMITED TO, PROGRAMS OF PREVENTION, DEVELOPMENTAL DISABILITIES, PUBLIC INFORMATION AND EDUCATION, RESEARCH, MANPOWER AND RESOURCE DEVELOPMENT, AND EVALUATION. THE CENTER SERVICES THE HEALTH DISTRICTS OF INGLEWOOD AND SANTA MONICA-WEST.

		GRANTS	EXPENSES		
TO FORM 990, PART III, LINE A			126,617,647.		
FORM 990	OTHER ASSETS		STATEMENT 4		
DESCRIPTION		BEGINNING OF YEAR	END OF YEAR		
LEASE DEPOSITS  DUE FROM STATE - ACCRUE EMPLOYEE BENEFITS CONTRACT ADVANCES-STATE OTHER ASSETS		138,772. 7,310,772. 0. 37,152.	138,790. 8,878,766. 11,053,354. 134,295.		
TOTAL TO FORM 990, PART	IV, LINE 58	7,486,696.	20,205,205.		
FORM 990	OTHER LIABILITIES		STATEMENT 5		
DESCRIPTION		BEGINNING OF YEAR	END OF YEAR		
ACCRUED SALARIES ACCRUED VACATION/BENEFI POST-RETIREMENT HEALTH DUE TO STATE ACCRUED UNEMPLOYMENT IN UNEXPENDED CLIENT SUPPO	CARE PLAN OBLIGATION ISURANCE ORT	209,205. 782,671. 12,155,927. 100,779. 170,976. 983,355. 289,245.	256,046. 855,279. 12,859,595. 100,797. 177,380. 704,019.		
TOTAL TO FORM 990, PART	IV, LINE 65	14,692,158.	14,953,116.		

FORM 990	ОТН	ER REVEN	UE I	NCLUDED ON FOR	RM 990	STAT	EMENT
DESCRIPTION		•				Al	MOUNT
POST-RETIREMENT	HEALTH	CARE PLAI	N TR	UST-INTEREST I	NCOME		18,798
TOTAL TO FORM 990, PART IV-A						18,798.	
FORM 990	ОТНЕ	R EXPENSI	ES I	NCLUDED ON FOR	RM 990	STAT	EMENT
DESCRIPTION						A	MOUNT
POST-RETIREMENT INCOME	HEALTH	CARE PLAI	N EX	PENSE-OFFSET E	BY TRUST		18,798
TOTAL TO FORM 99	0, PART	IV-B					18,798
FORM 990 PAR	T V-A -			RENT OFFICERS, D KEY EMPLOYEE		STAT	EMENT
NAME AND ADDRESS				TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
JUDY BLUMENTHAL 5901 GREEN VALLE CULVER CITY, CA	Y CIR., 90230	SUITE 32		CHAIR 2.00	0.	0.	C
CECILIA FABULICH 5901 GREEN VALLE CULVER CITY, CA	Y CIR.,	SUITE 32		VICE CHAIR 2.00	0.	0.	C
JOHN F. CHAVEZ 5901 GREEN VALLE CULVER CITY, CA		SUITE 32		BOARD MEMBER 2.00	0.	0.	C
OLA HUDSON 5901 GREEN VALLE CULVER CITY, CA		SUITE 32		BOARD MEMBER 2.00	0.	0.	C
FELICA FORD 5901 GREEN VALLE	Y CIR.,	SUITE 32		BOARD MEMBER 2.00	0.	0.	0

CULVER CITY, CA 90230

COASTAL DEVELOPMENTAL SERVICES FOUNDATIO	AS ORIGINALLY FALLED
RACHEL L. KOOSED JACOBY, M.S. BOARD MEMBER 5901 GREEN VALLEY CIR., SUITE 320 2.00 CULVER CITY, CA 90230	0. 0. 0.
PAULA HILTON BOARD MEMBER 5901 GREEN VALLEY CIR., SUITE 320 2.00 CULVER CITY, CA 90230	0. 0. 0.
GAIL C. LOUIS  5901 GREEN VALLEY CIR., SUITE 320  CULVER CITY, CA 90230  CHAIR  2.00	0. 0. 0.
CHRISTINE J. MONROE BOARD MEMBER 5901 GREEN VALLEY CIR., SUITE 320 2.00 CULVER CITY, CA 90230	0. 0. 0.
DAVID KOTKOV SECRETARY 5901 GREEN VALLEY CIR., SUITE 320 2.00 CULVER CITY, CA 90230	0. 0. 0.
DANIEL C. REDMOND, JR.  5901 GREEN VALLEY CIR., SUITE 320  CULVER CITY, CA 90230  BOARD MEMBER  2.00	0. 0. 0.
DRU GARCIA RICHARDSON TREASURER 5901 GREEN VALLEY CIR., SUITE 320 2.00 CULVER CITY, CA 90230	0. 0. 0.
JACK ROSE CHAIR 5901 GREEN VALLEY CIR., SUITE 320 2.00 CULVER CITY, CA 90230	0. 0. 0.
NILO CHOUDHRY 5901 GREEN VALLEY CIR., SUITE 320 2.00 CULVER CITY, CA 90230	0. 0. 0.
ROBERT E. SCHWARTZ  5901 GREEN VALLEY CIR., SUITE 320  CULVER CITY, CA 90230  BOARD MEMBER  2.00	0. 0. 0.
RENE RIVAS  5901 GREEN VALLEY CIR., SUITE 320  CULVER CITY, CA 90230  BOARD MEMBER  2.00	0. 0. 0.
TIM SOULE BOARD MEMBER 5901 GREEN VALLEY CIR., SUITE 320 2.00 CULVER CITY, CA 90230	0. 0. 0.
BOB STEINER 5901 GREEN VALLEY CIR., SUITE 320 CULVER CITY, CA 90230 BOARD MEMBER 2.00	0. 0. 0.

COASTAL DEVELOPMENTAL SERVICE	S FOUNDATIO	AS OFI		<b>3221</b> 05
RUSSELL TANNER 5901 GREEN VALLEY CIR., SUITE 3 CULVER CITY, CA 90230	BOARD MEMBER 20 2.00	0.	0.	0.
MICHAEL DANNEKER 5901 GREEN VALLEY CIR., SUITE 3 CULVER CITY, CA 90230			26,532.	0.
CATHERINE CALLAGHAN 5901 GREEN VALLEY CIR., SUITE 3 CULVER CITY, CA 90230				0.
TOTALS INCLUDED ON FORM 990, PA	RT V-A	399,465.	50,703.	0.

# AS ORIGINAL BY 3 B 2 2 End

SCHEDULE A

EXPLANATION OF TRANSACTIONS PART III, LINE 2C

STATEMENT

9

PURSUANT TO THE LANTERMAN ACT OF THE STATE OF CALIFORNIA, THE CENTER IS REQUIRED TO APPOINT PERSONS WITH DISABILITIES (CLIENTS WHO RECEIVE SERVICES) OR THEIR PARENTS OR LEGAL GUARDIANS TO THE BOARD OF DIRECTORS. THE LANTERMAN ACT ALSO REQUIRES ONE BOARD MEMBER TO BE A CLIENT SERVICE PROVIDER. TO COMPLY WITH THIS STATE LAW, THE CENTER'S BOARD OF DIRECTORS INCLUDES FOUR CLIENTS, TEN PARENTS/LEGAL GUARDIANS OF CLIENTS, AND ONE SERVICE PROVIDER AS OF JUNE 30, 2008.

# AS ORIGINAL #Y # 1/2 EO

SCHEDULE A	OTHER INC	St	STATEMENT 10	
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
REIMBURSEMENT OF EXPENSES	95,688.	33,679.	42,988.	20,551.
TOTAL TO SCHEDULE A, LINE 22	95,688.	33,679.	42,988.	20,551.