STATE REGISTRATION NO. 51078

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	e 2008 ca	lendar year, or tax year beginning $JUL \ 1$, 2008 and ending	JUN 30, 2009	
В	Check if	Please	C Name of organization	D Employer identifi	cation number
	applicabl	le: riease use IRS			
	Addre chang	es labelor printor	FOUNDATION		
	Name	type.	Doing Business As	95-3	822105
	Initial return		Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone numbe	<u> </u>
	Termin	Procies	5901 GREEN VALLEY CIRCLE 320	•)258-4000
	Amen	ded tions.	City or town, state or country, and ZIP + 4	G Gross receipts \$	141,265,624.
	Applic	ca-	CULVER CITY, CA 90230	H(a) Is this a group r	
	pendi	F Nar	ne and address of principal officer:MICHAEL DANNEKER	for affiliates?	Yes X No
			IE AS C ABOVE	H(b) Are all affiliates inc	cluded? Yes No
1	Tax-ex-	empt statu	us: X 501(c) (3) ◀ (insert no.)		list. (see instructions)
			W.WESTSIDERC.ORG	H(c) Group exemption	
K	Type of	organizatio	n: X Corporation		M State of legal domicile: CA
	art I				
			scribe the organization's mission or most significant activities: SUPPORT 1	FOR DEVELOPME	NTALLY
& Governance			LED AND THEIR FAMILIES	·	
E	2	Check thi	s box if the organization discontinued its operations or disposed of m	ore than 25% of its asset	s.
SVe.	3	Number o	of voting members of the governing body (Part VI, line 1a)	1	18
Ğ	1		of independent voting members of the governing body (Part VI, line 1b)		17
S	1		ober of employees (Part V, line 2a)		204
Activities			ber of volunteers (estimate if necessary)		21
흉			ss unrelated business revenue from Part VIII, line 12, column (C)		0.
⋖			ated business taxable income from Form 990-T, line 34		0.
				Prior Year	Current Year
ø	8	Contributi	ions and grants (Part VIII, line 1h)	133,087,520.	
Ž	9		service revenue (Part VIII, line 2g)		
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	558,613.	216,201.
D.	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	1		enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,646,133.	141,265,624.
			d similar amounts paid (Part IX, column (A), lines 1-3)		123,510,525.
	1		paid to or for members (Part IX, column (A), line 4)	<u> </u>	
Ś	4-		other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,571,502.	14,483,485.
nse	16a		nal fundraising fees (Part IX, column (A), line 11e)		,
Expenses	ь		draising expenses (Part IX, column (D), line 25)		
ŋ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,360,551.	3,281,743.
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		141,275,753.
	19		less expenses. Subtract line 18 from line 12	648,519.	-10,129.
100	3			Beginning of Year	End of Year
Sets	20	Total asse	ets (Part X, line 16)	22,551,526.	23,125,714.
ASS	21		lities (Part X, line 26)	26,739,115.	26,032,040.
Net Assets or	22	Net asset	s or fund balances. Subtract line 21 from line 20	-4,187,589.	-2,906,326.
P	art II	Signa	ture Block		
4		Under pena	ities of perjury, I declare that I have examined this return, including accompanying schedules and statemer te. Declaration of preparary to her than afficer) in harved on all information of which preparer has any knowled	its, and to the best of my knowled	ge and belief, it is true, correct,
		and comple	te. Declaration of preparer (ther these fiber) is based on all information of which preparer has any knowled	dge.	
Sig	ın	L			
He		Sign	lature of officer	Date	
		MI	CHAEL DANNEKER, EXECUTIVE DIRECTOR		
		Тур	e or print name and title		
		Preparer's			er's identifying number structions)
Pai		signature		self- employed	on actional
	parer's	Firm's name		EIN ►	
USE	Only	self-employ	ed). P.O. BOX 87		
		address, an ZIP + 4	LONG BEACH, CA 90801	Phone no. ▶ 5	62 435-1191
Ma	y the II	RS discus:	s this return with the preparer shown above? (see instructions)		X Yes No
	001 12-1		A For Privacy Act and Paperwork Reduction Act Notice, see the separate i	nstructions.	Form 990 (2008)

C Printer of the last of the l	* III Statement of Program Service Accomplishments (see instructions)	rage z
1	Briefly describe the organization's mission: TO EMPOWER PEOPLE WITH DEVELOPMENTAL DISABILTIES AND THEIR FAMILIES	TO
	CHOOSE AND ACCESS COMMUNITY SERVICES THAT FACILITATE A QUALITY OF L	
	COMPARABLE TO PERSONS WITHOUT DISABILITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on	
		X No
	If "Yes", describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes", describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported. SEE SCHEDULE O FOR CONTINUATION(S)	
4a	(Code:) (Expenses \$ 134,686,915. including grants of \$ 123,510,525.) (Revenue \$ THE ENTITY WAS ORGANIZED IN ACCORDANCE WITH THE PROVISIONS OF THE)
	LANTERMAN DEVELOPMENTAL DISABILITIES SERVICES ACT OF THE WELFARE AND	D
	INSTITUTIONS CODE OF CALIFORNIA. IN ACCORDANCE WITH THE ACT, THE ENT	
		HEIR
	FAMILIES, LOCAL COMMUNITIES, SERVICE PROVIDERS, AND THE GOVERNMENT.	ITS
	MISSION IS TO ENABLE PERSONS WITH DEVELOPMENTAL DISABILITIES TO LIVI	
	INDEPENDENT, PRODUCTIVE, AND SATISFYING LIVES IN THEIR COMMUNITY; THE	ΗE
	ENTITY ALSO STRIVES TO LESSEN DEVELOPMENTAL DELAYS IN INFANTS AND YO	DUNG
	CHILDREN, AND MINIMIZE THE RISK OF DEVELOPMENTAL DISABILITIES. AMONG	3
	THE SERVICES AND SUPPORTS THE ENTITY PROVIDES OR COORDINATES ARE	
	DIAGNOSIS AND ASSESSMENT, INDIVIDUALIZED PLANNING AND SERVICE	
	COORDINATION, EARLY INTERVENTION AND PREVENTION, COMMUNITY LIVING	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
		,
4d	Other program services. (Describe in Schedule O.)	
_	(Expenses \$\frac{\text{including grants of \$}}{1.34 \cdot 6.96 \cdot 0.15}\rightarrow \text{(Revenue \$}}	
4e	Total program service expenses ▶\$ 134,686,915. (Must equal Part IX, Line 25, column (B).)	
	Form 99	0 (2008)

Form 990 (2008) FOUNDATION Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	Α
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
2	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
3	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
7	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
8	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
0	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
1	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
2	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
3	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Х	
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2.70		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	200		
-	prior year? If "Yes," complete Schedule L, Part I	25b		X
6	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	ne		Х
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	26		- 1
7				

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	ļ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		1	E	Francisco	Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of							
	U.S. Information Returns. Enter -0- if not applicable	1a	51	- P. 20000000000				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable							
C	Did the organization comply with backup withholding rules for reportable payments to vendors and							
	(gambling) winnings to prize winners?		 I	. 1c	X			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return		20	4				
þ	, , , , , , , , , , , , , , , , , , , ,			. 2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					piiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year cover					X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		.,	. 3b		<u> </u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	. 4a	-00000000000000000000000000000000000000	X		
b	If "Yes," enter the name of the foreign country:			-				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and					
	Financial Accounts.					/		
5a	• • • • • • • • • • • • • • • • • • • •					X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			. 5b	ļ	X		
¢	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	_	•					
	Tax Shelter Transaction?			5c		<u> </u>		
	Did the organization solicit any contributions that were not tax deductible?			. 6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		_					
	were not tax deductible?			6b	38000000000	*********		
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of mo					X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. 7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v							
	to file Form 8282?	1	 	. 7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year			-				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a					37		
	benefit contract?					X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-					X		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required					X		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-			. 7h		X		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec							
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization business haddings at any time during the year?					###### 		
9	excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		N/A	. 8				
а	Did the organization make any taxable distributions under section 4966?		N/A	0-	**********			
			/	9a				
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: N/A			. 9b				
		40-	I					
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b		-				
11	Section 501(c)(12) organizations. Enter: N/A	נוטט	<u> </u>	+				
a	Gross income from members or shareholders	11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against	ı la		-				
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form)	12a	100000000000000000000000000000000000000	.06000000000 -		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		144				
		120	l		(400 x 600 f 64)	<u> 460080080</u>		

95-3822105

Page 6

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	tion A. Governing Body and Management			
		PERSONA	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
_	processes, or changes in Schedule O. See instructions.	1.0		
_	Enter the number of voting members of the governing body	18 17		
b		1 /		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors or trustees, or key employees to a management company or other person?			<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			_ <u>^</u> _
5	Did the organization become aware during the year of a material diversion of the organization's assets?			X
6	Does the organization have members or stockholders?	6		
7a	, , , , , , , , , , , , , , , , , , , ,			v
	governing body?	1		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
_	by the following: The governing body?	0-	X	
a			X	
b 9a	Each committee with authority to act on behalf of the governing body? Does the organization have local chapters, branches, or affiliates?		Λ	X
b		<u>9a</u>		
U	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	3 D		
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
.,	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?			
c		12b	X	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х	
			X	
13	in Schedule O how this is done	12c		
		12c	Х	
14	in Schedule O how this is done Does the organization have a written whistleblower policy?	12c	X	
14	in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	12c	X X X	
14 15	in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	12c 13 14	X X X	
14 15 a	in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	12c 13 14	X X X	
14 15 a	in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official?	12c 13 14	X X X	
14 15 a b	in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization?	12c 13 14	X X X	
14 15 a b	in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	12c 13 14 15a 15b	X X X	X
14 15 a b	in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	12c 13 14 15a 15b	X X X	
b 16a	in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	12c 13 14 15a 15b	X X X	
14 15 a b 16a b	in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	12c 13 14 15a 15b	X X X	
14 15 a b 16a b	in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	12c 13 14 15a 15b	X X X	
14 15 a b 16a b	In Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA	12c 13 14 15a 15b 16a 16b	X X X	
14 15 a b 16a b	In Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	12c 13 14 15a 15b 16a	X X X	
14 15 a b 16a b	In Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avapublic inspection. Indicate how you make these available. Check all that apply.	12c 13 14 15a 15b 16a	X X X	
14 15 a b 16a b Sec 17	in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? **Etion C. Disclosure** List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available in spection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website X ∪pon request	12c 13 14 15a 15b 16a 16b	X X X X	
14 15 a b 16a b Sec 17	in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filled ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy.	12c 13 14 15a 15b 16a 16b	X X X X	
14 15 a b 16a b Sec 17 18	in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filled ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avapublic inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ▼ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest polistatements available to the public.	12c 13 14 15a 15b 16a 16b 16b 16cy, and fina	X X X X	
14 15 a b 16a b Sec 17	In Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ★★ Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filled ▶ CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest poistatements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization and the process of the organization of the person who possesses the books and records of the organization that apply is the process of the organization to the public.	12c 13 14 15a 15b 16a 16b 16b 16cy, and fina	X X X X	
14 15 a b 16a b Sec 17 18	in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filled ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avapublic inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ▼ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest polistatements available to the public.	12c 13 14 15a 15b 16a 16b 16b 16cy, and fina	X X X X	

Form 990 (2008)

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				(C)			(D)	(E)	(F)
Name and Title	Average hours	(c	Position (check all the					Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustae	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
GAIL LOUIS										
CHAIR	2.00	X		X	<u>.</u>	<u> </u>	ļ	0.	0.	0.
CECILIA FABULICH	2 00			1,7						^
VICE-CHAIR	2.00	X	-	X				0.	0.	0.
PAULA HILTON SECRETARY	2.00	Х		X				0.	0	0
DRU GARCIA RICHARDSON	2.00	Α.	├	Λ				0.	0.	0.
TREASURER	2.00	x		X				0.	0.	0.
JUDY BLUMENTHAL	2.00		-	1		\vdash		V •	V •	
BOARD MEMBER	2.00	X						0.	0.	0.
JOHN F. CHAVEZ	2,00			 				0.		<u>~.</u>
BOARD MEMBER	2.00	X						0.	0.	0.
NILO CHOUDHRY			_	ļ						
BOARD MEMBER	2.00	X						0.	0.	0.
FELICIA FORD				<u> </u>						
BOARD MEMBER	2.00	X						0.	0.	0.
OLA HUDSON										
BOARD MEMBER	2.00	X						0.	0.	0.
BABAK KAMJOU										
BOARD MEMBER	2.00	X	<u>. </u>	ļ				0.	0.	0.
DAVID KOTKOV										
BOARD MEMBER	2.00	Х				ļ		0.	0.	0.
CHRISTINE J MONROE								_		_
BOARD MEMBER	2.00	X		-		ļ	ļ	0.	0.	0.
RENE RIVAS	2 00	3,							0	
BOARD MEMBER JACK ROSE	2.00	Х	ļ <u>.</u>		-			0.	0.	0.
BOARD MEMBER	2.00	v						0.	0.	0
ROBERT E. SCHWARTZ	2.00	^						U •	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
KAROL SCOTTA	2.00	127			<u> </u>			· ·	0.	<u> </u>
BOARD MEMBER	2.00	х						0.	0.	0.
BOB STEINER							 -			

832007 12-18-08

FOUNDATION

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Name and title Average Position Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of from per from related other Individual frustee or director organizations week the compensation Highest compensated employee Former organization (W-2/1099-MISC) from the nstitutional trustee (W-2/1099-MISC) organization Кеу етріоуее and related Officer organizations RUSSELL TANNER BOARD MEMBER 2.00 Х 0. 0. 0. MICHAEL DANNEKER EXECUTIVE DIRECTOR 40.00 X 274,168. 0. 10,038. CATHERINE CALLAGHAN DIRECTOR OF ADMIN. 40.00 X 101,676. 0. 6,888. 375,844 0. 16,926. Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person. Х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
PREMIER HEALTH CARE SERVICES, 5601 W.		
SLAUSON AVE # 235, CULVER CITY, CA 90230	RESPITE AGENCY	9,350,128.
MAXIM HEALTHCARE SERVICES		
1515 W. 190TH ST. #156, GARDENA, CA 90248	HEALTH CARE SERVICES	6,332,683.
BEAUTIFUL MINDS CENTER FOR AUTISM, INC.,		
3121 ABINGTON DRIVE, BEVERLY HILLS, CA	BEHAVIORAL PROGRAMS	3,983,428.
MY LIFE FOUNDATION INC., 8616 LA TIJERA	RESIDENTIAL	
BLVD #322, LOS ANGELES, CA 90045	FACILITIES	2,738,608.
JESI-CARE INC., 15342 HAWTHORNE BLVD #20,	RESIDENTIAL	-
LAWNDALE, CA 90260	FACILITIES	2,604,805.
2 Total number of independent contractors (including those in 1) who received meaning from the organization ► 227	ore than \$100,000 in compensation	

1	TIN	תז	Δ.	ך רף:	\cdot	M

	rt VII		nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ	1 a	Federated campaigns	1a					
声	b	Membership dues	1b					
Contributions, gifts, grants and other similar amounts	c	c Fundraising events 1c						
<u>a</u>	d	Related organizations	1d					
S.E	е	Government grants (contribut	ions) 1e 1	41,049,423.				
it e	f	All other contributions, gifts, gran	ts, and					
훈흉		similar amounts not included above	ve 1f					
함		Noncash contributions included in lines						
O 8	h	Total. Add lines 1a-1f			141,049,423.			
				Business Code	9			
<u>.</u>	2 a							
e S	b	·						
e S	C							
Re	d							
Program Service Revenue	e	All - 41						
_	f							
-	3	Total. Add lines 2a-2f Investment income (including						
	3	other similar amounts)			216,201.			216,201.
	4	Income from investment of tax			22072011			210,2011
	5	Royalties						
	_	noyamos	(i) Real	(ii) Personal				
	6 a	Gross Rents	(7,100)	(1) 1 01001101				
	b							
		Net rental income or (loss)		>			***************************************	-
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)		;				
	d	Net gain or (loss)		>		· · · · · · · · · · · · · · · · · · ·		
Other Revenue	8 a	Gross income from fundraising including \$	• .					
ě		contributions reported on line	1c). See					
e.		Part IV, line 18	а					
훈	þ	Less: direct expenses	b					
	C	Net income or (loss) from fund	draising events	>				
	9 a	Gross income from gaming ac						
		Part IV, line 19			-			
					_			
		Net income or (loss) from gam		·····				
İ	10 a	Gross sales of inventory, less						
		and allowances			-			
		Less: cost of goods sold			-			
+	<u> </u>	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
ŀ	11 2			Business Code	<u> </u>			
	11 a							
	C							
	d	All other revenue			+			
		Total. Add lines 11a-11d						
	12	Total Revenue. Add lines 1h, 2g, 3,			141,265,624.	0.	0 -	216,201.
83200 02-02	9		,, ,, , a, so, oo, (t	,				Form 990 (2008)

Part IX Statement of Functional Expenses

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

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	123510525.	123510525.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	413,492.	82,698.	330,794.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,814,892.	6,539,899.	3,274,993.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	764,071.	429,776.	334,295.	
9	Other employee benefits	3,345,516.	1,888,669.	1,456,847.	
10	Payroll taxes	145,514.	78,261.	67,253.	
11	Fees for services (non-employees):				
а	Management				
þ	Legal	954.		954.	
С	Accounting	54,000.		54,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	686,013.	464,369.	221,644.	
12	Advertising and promotion				
13	Office expenses	363,095.	257,987.	105,108.	
14	Information technology				
15	Royalties				
16	Occupancy	1,349,595.	874,827.	474,768.	
17	Travel	97,633.	83,938.	13,695.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,569.	6,851.	3,718.	
20	Interest	25,889.	19,257.	6,632.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	114,957.	74,517.	40,440.	, , <u>, , , , , , , , , , , , , , , , , </u>
24	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	EQUIPMENT	392,914.	254,693.	138,221.	
b	COMMUNICATION	137,777.	89,309.	48,468.	
c	DUES	48,347.	31,339.	17,008.	
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	141275753.	134686915.	6,588,838.	0
26	Jaint Costs. Check here ▶ ☐ if following			, , , , , , , , , , , , , , , , , , , ,	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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COASTAL	DEACTORMEMITAT	SELATA
FOUNDATI	ON	

Total continues Septiming of year Septim		8.3 (4.38)	balance Sheet	T T		
1 Cash - non-interest-basing 21,519 · i 485,719 · 2 30,856,435 · 3				(A) Beginning of year		(B) End of year
2 _ 197 , 355 . 2 10 , 956 , 435 . 3 4			O-titthd	01 510		
Place of the process				0 100 000		
4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 6 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 7 Roles and learn receivable, net 8 Inventories for sale or use 9 Proposed exponses and deferred charges 10e Land. buildings, and equipment coet basis b Leses: accumulated dependention. Complete Part IV of Schedule D 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - protein protein trade in the securities. See Part IV, line 11 13 Investments - protein protein trade in the securities. See Part IV, line 11 14 Intarqible assets 15 Total assets. Add lines 1 through 15 invast equal line 34) 17 Accounts payable and accrued expenses 1 3, 074, 704 . 17 17 Accounts payable and accrued expenses 1 3, 074, 704 . 17 18 Corrians payable 19 Deferred revenue 19 Tescrive account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, firustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Payables to current and former officers, directors, firustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 23 Tever-warmpt bond liabilities. 20 24 Unsecured notes and clones payable to unrelated third parties 25 Total liabilities. Add lines 31 17, check here		l		****		10,030,433.
5 Receivables from current and former officers, directors, fusites, key employees, or other related parties. Complete Part II of Schodule L 6 Receivables from other disquaffied persons (see defined under section 49580/t)) and persons described in section 49580/t) (I) and persons described in section 4958						
## employees, or other related parties. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(n)(i)) and persons described in section 4958(n)(i)(ii). Complete Part II of Schedule L				••••	4	
Face Receivables from other disqualified persons (as defined under section 4958(c)(3)(8). Complete Part II of Schedule Receivable Recei		5	•			
## 4958(f)(1) and persons described in section 4958(c)(3)(8). Complete Part I of Schadula L 7 Notes and loans receivable, net 9 Prepade expenses and deferred charges 127,447. 8 270,788. 102 Land, buildings, and equipment: cost basis. 103 Land, buildings, and equipment: cost basis. 104 lb Lass accumulated depreciation. Complete Part VI of Schadula D 11 Investments - publicly traded securities 12 Investments - sother securities. See Part IV, line 11 13 Investments - publicly traded securities 14 Intangible assets. 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. As of lines 1 through 15 imust equal line 34) 17 Accounts payable and accrued expenses 13 , 074 , 704 ⋅ 17 12 , 154 , 361. 18 Grata spaxible 19 Deferred revenue 10 Total assets. As of lines 1 through 15 imust equal line 24 20 payables to current and former offices, directors, trustees, key employees, highest compensated employees, and disculfiled persons. Complete Part II of Schedule D 22 Payables to current and former offices, directors, trustees, key employees, highest compensated employees and notes payable to unrelated third parties 22 Payables to current and former offices, directors, trustees, key employees, highest compensated employees and notes payable to unrelated third parties 22 Total liabilities. Complete Part IV of Schedule D 22 Total liabilities. Complete Part IV for Schedule D 23 Scured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other liabilities. Complete Part IV for Schedule D 26 Total liabilities. Complete Part IV for Schedule D 27 Total net assets of fund balances 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Total li			employees, or other related parties. Complete Part II of Schedule L		5	
Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepade expenses and deferred charges 10 Land, buildings, and equipment: cost busis 10 Land, buildings, and equipment cost busis 11 Investments publicly traded securities Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publicly traded securities 14 Intangble assets 15 Cher assets. See Part IV, line 11 15 Cher assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounting payable and accrued expenses 13,074,704 · 11 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Earcrow account liability. Complete Part IV of Schedule D 22 Payable to current and former officers, directors, frustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 23 Total liabilities. Add lines 1 through 25 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 1 through 25 27 Total liabilities. Add lines 1 through 25 28 Total liabilities. Add lines 1 through 25 29 Permanently restricted net assets 20 Total liabilities. Add lines 1 through 25 20 Total liabilities. Add lines 1 through 25 20 Total liabilities. Add lines 1 through 25 21 Total liabilities. Add lines 1 through 25 29 Permanently restricted net assets 20 Per		6	Receivables from other disqualified persons (as defined under section			
7 Notes and loans receivable, net 7 8			4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
8 Inventories for sale or use 12.7 44.7 8 2.7 0.7 88.			Part II of Schedule L		6	
10 Land, buildings, and equipment: cost basis 10 b 10 b 10 c 10	ts	7	Notes and loans receivable, net	,	7	
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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COASTAL DEVELOPMENTAL SERVICES

FOUNDATION

Part Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

							tructions)				
nization is not	a private foundation	because it is: (Please ch	eck only o	ne organiz	ation.)						
A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
A school des	scribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
A hospital or	a cooperative hospi	tal service organization o	described i	in section	170(b)(1)	(A)(iii). (At	tach Sche	dule H.)			
A medical re	search organization	perated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	's nam	ıe,
city, and sta	te:										
An organizat	ion operated for the	benefit of a college or u	niversity ov	vned or op	erated by	a governi	mental unit	describe	d in		
section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
A federal, sta	ate, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).					
	· ·						r from the	general p	ublic desc	ribed i	n
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Since Augus	t 17, 2006, has the c										
(i) A perso		rganization accepted ar	ny gift or co	ontribution							
the gov	n who directly or ind	irganization accepted ar irectly controls, either al			from any	of the folk	owing pers	ons?		Yes	No
	•	-	one or tog	ether with	from any persons o	of the folk described i	owing pers in (ii) and (i	i) below,	11g(i)	Yes	No
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(ii) A family (iii) A 35% Provide the	erning body of the so member of a persor controlled entity of a following information	irectly controls, either al apported organization? In described in (i) above? person described in (i) about the organizations (iii) Type of organization (described on lines 1-9 above or IRC section	one or tog or (ii) above the organ (iv) Is the organ in col. (i) lis	ether with ? ization sup rganization sted in your document?	persons of persons of ports. (v) Did you organizate (i) of you	of the folk described in u notify the ion in col. r support?	(vi) ls organizatic (i) organiz	the in col. ed in the ?	11g(ii) 11g(iii) (vii) An	nount o	
(ii) A family (iii) A 35% Provide the	erning body of the so member of a persor controlled entity of a following information	irectly controls, either al apported organization? In described in (i) above? person described in (i) about the organizations (iii) Type of organization (described on lines 1-9 above or IRC section	one or tog or (ii) above the organ (iv) Is the organ in col. (i) lis	ether with ? ization sup rganization sted in your document?	persons of persons of ports. (v) Did you organizate (i) of you	of the folk described in u notify the ion in col. r support?	(vi) ls organizatic (i) organiz	the in col. ed in the ?	11g(ii) 11g(iii) (vii) An	nount o	
(ii) A family (iii) A 35% Provide the	erning body of the so member of a persor controlled entity of a following information	irectly controls, either al apported organization? In described in (i) above? person described in (i) about the organizations (iii) Type of organization (described on lines 1-9 above or IRC section	one or tog or (ii) above the organ (iv) Is the organ in col. (i) lis	ether with ? ization sup rganization sted in your document?	persons of persons of ports. (v) Did you organizate (i) of you	of the folk described in u notify the ion in col. r support?	(vi) ls organizatic (i) organiz	the in col. ed in the ?	11g(ii) 11g(iii) (vii) An	nount o	
(ii) A family (iii) A 35% Provide the	erning body of the so member of a persor controlled entity of a following information	irectly controls, either al apported organization? In described in (i) above? person described in (i) about the organizations (iii) Type of organization (described on lines 1-9 above or IRC section	one or tog or (ii) above the organ (iv) Is the organ in col. (i) lis	ether with ? ization sup rganization sted in your document?	persons of persons of ports. (v) Did you organizate (i) of you	of the folk described in u notify the ion in col. r support?	(vi) ls organizatic (i) organiz	the in col. ed in the ?	11g(ii) 11g(iii) (vii) An	nount o	
(ii) A family (iii) A 35% Provide the	erning body of the so member of a persor controlled entity of a following information	irectly controls, either al apported organization? In described in (i) above? person described in (i) about the organizations (iii) Type of organization (described on lines 1-9 above or IRC section	one or tog or (ii) above the organ (iv) Is the organ in col. (i) lis	ether with ? ization sup rganization sted in your document?	persons of persons of ports. (v) Did you organizate (i) of you	of the folk described in u notify the ion in col. r support?	(vi) ls organizatic (i) organiz	the in col. ed in the ?	11g(ii) 11g(iii) (vii) An	nount o	
(ii) A family (iii) A 35% Provide the	erning body of the so member of a persor controlled entity of a following information	irectly controls, either al apported organization? In described in (i) above? person described in (i) about the organizations (iii) Type of organization (described on lines 1-9 above or IRC section	one or tog or (ii) above the organ (iv) Is the organ in col. (i) lis	ether with ? ization sup rganization sted in your document?	persons of persons of ports. (v) Did you organizate (i) of you	of the folk described in u notify the ion in col. r support?	(vi) ls organizatic (i) organiz	the in col. ed in the ?	11g(ii) 11g(iii) (vii) An	nount o	
(ii) A family (iii) A 35% Provide the	erning body of the so member of a persor controlled entity of a following information	irectly controls, either al apported organization? In described in (i) above? person described in (i) about the organizations (iii) Type of organization (described on lines 1-9 above or IRC section	one or tog or (ii) above the organ (iv) Is the organ in col. (i) lis	ether with ? ization sup rganization sted in your document?	persons of persons of ports. (v) Did you organizate (i) of you	of the folk described in u notify the ion in col. r support?	(vi) ls organizatic (i) organiz	the in col. ed in the ?	11g(ii) 11g(iii) (vii) An	nount o	
(ii) A family (iii) A 35% Provide the	erning body of the so member of a persor controlled entity of a following information	irectly controls, either al apported organization? In described in (i) above? person described in (i) about the organizations (iii) Type of organization (described on lines 1-9 above or IRC section	one or tog or (ii) above the organ (iv) Is the organ in col. (i) lis	ether with ? ization sup rganization sted in your document?	persons of persons of ports. (v) Did you organizate (i) of you	of the folk described in u notify the ion in col. r support?	(vi) ls organizatic (i) organiz	the in col. ed in the ?	11g(ii) 11g(iii) (vii) An	nount o	
	A school des A hospital or A medical re city, and sta An organizat section 170 A federal, sta An organizat section 170 A community An organizat activities rela income and See section An organizat more publich describes th a Type By checking foundation in If the organiz supporting of	A school described in section 17 A hospital or a cooperative hospit A medical research organization of city, and state: An organization operated for the section 170(b)(1)(A)(iv). (Complet A federal, state, or local government An organization that normally recessed in 170(b)(1)(A)(vi). (Complet A community trust described in section 170(b)(1)(A)(vi). (Complet A community trust described in sectivities related to its exempt fur income and unrelated business to See section 509(a)(2). (Complete An organization organized and open An organization organized and open more publicly supported organized describes the type of supporting a Type I because I by checking this box, I certify that foundation managers and other the If the organization received a writt supporting organization, check the	A school described in section 170(b)(1)(A)(ii). (Attach School A hospital or a cooperative hospital service organization of A medical research organization operated in conjunction city, and state: An organization operated for the benefit of a college or unsection 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental uning An organization that normally receives a substantial part section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). An organization that normally receives: (1) more than 33 activities related to its exempt functions subject to certain income and unrelated business taxable income (less sechions 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to tean organization organized and operated exclusively for the more publicly supported organizations described in section describes the type of supporting organization and complated. Type I b Type II By checking this box, I certify that the organization is not foundation managers and other than one or more publicly If the organization received a written determination from the content of the properties of the properties of the organization from the organization received a written determination from the organization organization received a written determination from the organization received a written determination from the organization organization organization organization from the organization organization organization from the organization org	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in A medical research organization operated in conjunction with a hose city, and state: An organization operated for the benefit of a college or university of section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described An organization that normally receives a substantial part of its supposection 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete An organization that normally receives: (1) more than 33 1/3% of its activities related to its exempt functions subject to certain exception income and unrelated business taxable income (less section 511 tax See section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public An organization organized and operated exclusively for the benefit of more publicly supported organizations described in section 509(a)(1) describes the type of supporting organization and complete lines 1 a Type I b Type II c Typ By checking this box, I certify that the organization is not controlled foundation managers and other than one or more publicly supporte If the organization received a written determination from the IRS that	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital describty, and state: An organization operated for the benefit of a college or university owned or operated in 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section An organization that normally receives a substantial part of its support from a section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from a section 509(a)(2). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from a section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively for the benefit of, to perform ore publicly supported organizations described in section 509(a)(1) or section describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Function Type II c Type III - Function	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1) A medical research organization operated in conjunction with a hospital described in sective, and state: An organization operated for the benefit of a college or university owned or operated by section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1) An organization that normally receives a substantial part of its support from a government section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributives related to its exempt functions subject to certain exceptions, and (2) no more income and unrelated business taxable income (less section 511 tax) from businesses see section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section An organization organized and operated exclusively for the benefit of, to perform the furmore publicly supported organizations described in section 509(a)(1) or section 509(a)(2) describes the type of supporting organization and complete lines 11e through 11h. a	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule E.) A medical research organization operated in conjunction with a hospital described in section 170 city, and state: An organization operated for the benefit of a college or university owned or operated by a governing section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit of section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, mactivities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1 income and unrelated business taxable income (less section 511 tax) from businesses acquired be See section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). See section 509(a)(3) in the section 509(a)(4) in the secti	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Scher A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). (A)(iiii) (ity, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organizes section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instance publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a) describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III · Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disc foundation managers and other than one or more publicly supported organizations described in section 509(a) (1), or Type III.), or Type III.	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit describes section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general psection 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, an activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization as See section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the proof publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Chedescribes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III Functionally integrated d Special Council of the organization received a written determination from the IRS that it is a Type I, Type II, or Type III	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public descretion 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross reactivities related to its exempt functions · subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 3 See section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11h. a	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part III.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described is section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invest income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 197 See section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Se	ction A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	,	, ,	•		1	•
	membership fees received. (Do not						
	include any "unusual grants.")	94,244,861.	106,472,950.	116,155,212.	133,087,520.	141,049,423.	591,009,966.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3	94,244,861.	106 472 950.	116,155,212.	133 087 520.	141,049,423.	591,009,966.
	The portion of total contributions		, , , ,	, , , , ,		, , , , ,	
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public Support. Subtract line 5 from line 4.						591,009,966.
	ction B. Total Support						331,003,300.
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	94,244,861.	106,472,950.		133,087,520.	` '	591,009,966.
	Gross income from interest,	J1,E11,001.	100,472,550.	110,133,212.	133,007,320.	141,040,420,	331,003,300,
٠	dividends, payments received on		-				
	securities loans, rents, royalties						
	and income from similar sources	135.631.	121.964.	478.616.	558-613.	216,201.	1,511,025.
Ω	Net income from unrelated business	1337031.	121/3010	170,010.	330,013.	210/2011	1,311,023.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)	42 988	33,679.	75,688.			152,355.
11	Total support. Add lines 7 through 10	12/300.	3370731	7370001			592,673,346.
	Gross receipts from related activities	oto (coo instructi	2001		<u> </u>	12	332,073,340.
	First five years. If the Form 990 is fo	·				L	
	organization, check this box and sto	-			-		
Sec	ction C. Computation of Publ			***************************************			
14	Public support percentage for 2008 (olumn (fl)		14	99.72 %
	Public support percentage from 2007		•			15	99.74 %
	33 1/3% support test - 2008. If the						
	stop here. The organization qualifies			•		•	► X
b	33 1/3% support test - 2007. If the						
	and stop here. The organization qua	•		•			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	-					· ·
	meets the "facts-and-circumstances"		•	-			
ŀ	10% -facts-and-circumstances tes						
٠.	more, and if the organization meets to						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization						. 🗀
				, ,, , ,, O1 17 L		edule A (Form 990	

832022 12-17-08

Pε	rt III Support Schedule for (Organizations	Described in	Section 509(a	1)(2) (Complete onl	ly if you checked the b	ox on line 9 of Part I.)
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 - 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV.)						
	First five years. If the Form 990 is fo		s first, second thin	d, fourth, or fifth t	ax vear as a sect	ion 501(c)(3) organi	zation
	check this box and stop here				-		
Sec	ction C. Computation of Publ					************	- Income
15	Public support percentage for 2008 (column (f))		15	%
16	Public support percentage from 2007						%
	ction D. Computation of Inve					1 1	70
17	Investment income percentage for 20			e 13. column (f))		17	%
18	Investment income percentage from						%
	33 1/3% support tests - 2008. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2007. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
***************************************				,			90 or 990-EZ) 2008

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

COASTAL DEVELOPMENTAL SERVICES

Employer identification number 95–3822105

Schedule D (Form 990) 2008

Pa	ort I Organizations Maintaining I	onor Advised Fur	ds or Other Similar Fun		Complete if the
	organization answered "Yes" to Form	990, Part IV, line 6.			
			(a) Donor advised funds	(b) Funds ar	nd other accounts
1	Total number at end of year	.,,,,,,			
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and de	onor advisors in writing	that the assets held in donor ac	dvised funds	
	are the organization's property, subject to the	e organization's exclusi	ve legal control?		Yes No
6	Did the organization inform all grantees, don				
	for charitable purposes and not for the bene				Yes No
Pa	art II Conservation Easements. Co	omplete if the organizati	on answered "Yes" to Form 990	0, Part IV, line 7.	
1	Purpose(s) of conservation easements held	by the organization (che	ck all that apply).		
	Preservation of land for public use (e.g	., recreation or pleasure	e) Preservation of an	historically importan	t land area
	Protection of natural habitat		Preservation of ce	rtified historic structu	ire
	Preservation of open space				
2	Complete lines 2a-2d if the organization held	l a qualified conservatio	n contribution in the form of a c	conservation easeme	nt on the last day
	of the tax year.				
				Held	d at the End of the Year
а	Total number of conservation easements		***************************************	2a	
þ	 Total acreage restricted by conservation eas 	ements	***************************************	2b	
c	Number of conservation easements on a ce	tified historic structure	ncluded in (a)	2c	
d	Number of conservation easements include	d in (c) acquired after 8/	17/06	2d	
3	Number of conservation easements modified	d, transferred, released,	extinguished, or terminated by	the organization duri	ing the taxable
	year ►				
4	Number of states where property subject to				
5	Does the organization have a written policy i				
	enforcement of the conservation easements				Yes No
6	Staff or volunteer hours devoted to monitori				
7	Amount of expenses incurred in monitoring,				
8	Does each conservation easement reported	• •	•		
_	and section 170(h)(4)(B)(ii)?				
9	In Part XIV, describe how the organization re		•		
	include, if applicable, the text of the footnote	to the organization's fi	nanciai statements that describ	es the organization's	accounting for
Da	conservation easements. organizations Maintaining (Collections of Art	Historical Treasures or	Other Similar A	ecate
	Complete if the organization answere			Office Office P	133013.
1a	If the organization elected, as permitted und	er SEAS 116, not to ren	ort in its revenue statement and	d halance sheet work	rs of art historical
-	treasures, or other similar assets held for pu	•			•
	the footnote to its financial statements that			pasio sorrios, prom	
ь			n its revenue statement and ba	lance sheet works of	art_bistorical treasures
_	or other similar assets held for public exhibit				
	these items:	1071) 000000(07), 01 (0000	ion in resultand of public con-	rice, provide the tolle	THING CHICATED FOLICKING TO
	(i) Revenues included in Form 990, Part VII	I. line 1		▶ \$	
	(ii) Assets included in Form 990, Part X				· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of				
-	the following amounts required to be reported			3 10.000	
а			-	▶ \$	
b					
-				· · · · · · · · · · · · · · · · · · ·	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	till Organizations Maintaining Co	ellections of A	Art, Hist	orical Tr	reasures, o	r Other	Similar As	sets	(conti	nued)	-90
3	Using the organization's accession and other										
	that apply):										
а	Public exhibition		d 🔲 I	Loan or exc	change progra	ms					
b	Scholarly research		e 🔲 (Other							
С	Preservation for future generations			·							
4	Provide a description of the organization's coll	ections and expla	ain how th	ey further t	the organizatio	n's exem	pt purpose in l	Part XI	٧.		
5	During the year, did the organization solicit or	-		-	-						
	to be sold to raise funds rather than to be mai							Y	'es		No
Pa	Trust, Escrow and Custodial A reported an amount on Form 990, Part	Arrangement						Part IV	, line :	9, or	
1a	ls the organization an agent, trustee, custodia	n or other interme	ediary for	contribution	ns or other ass	sets not ir	ncluded				
	on Form 990, Part X?							Y	'es		No
b											
		·						Ar	nount		
c	Beginning balance						1c				
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on For							Y	es		No
_	If "Yes," explain the arrangement in Part XIV.	,				,	***************************************				
	t V Endowment Funds. Complete if	organization ansy	vered "Ye	s" to Form	990, Part IV, li	ne 10.					
hadeaataa		(a) Current year		rior year	T		t) Three years ba	ick (e) Four	vears	back
1a	Beginning of year balance	(a) continu	12/	1101 7001	(0)		2, 11100 ,0010 0		,	,,,,,,,	
b	Contributions										
c	Investment earnings or losses		-								
	Grants or scholarships										•
d	Other expenditures for facilities										
-	Į.										
	and programs										
1 -	Administrative expenses		-								
g	End of year balance				4	*************					20000000
2	Provide the estimated percentage of the year										
a	Board designated or quasi-endowment		%								
b	Permanent endowment >										
	Term endowment ▶%										
За	Are there endowment funds not in the posses	sion of the organi	ization tha	it are held a	and administer	red for the	e organization		٦		
	by:							Г		Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								Ba(ii)		
b	If "Yes" to 3a(ii), are the related organizations					,		L	3b		
4	Describe in Part XIV the intended uses of the										
l a	t VI Investments - Land, Buildings		1			•					
	Description of investment	(a) Cost or basis (inves	1	• •	t or other (other)	(c) De	preciation	(d)	Bool	k value	€
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other	1									
Tota	I. Add lines 1a-1e. (Column (d) should equal For	m 990. Part X. co	lumn (B)	line 10(c).)			•				0.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See	Form 990 Part X line		-3022103 Page 3
(a) Description of security or category	(b) Book value	(c) Method of valua	ution:
(including name of security)	(D) BOOK Value	Cost or end-of-year mar	ket value
Financial derivatives and other financial products			
Closely-held equity interests	-		
Other			
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. Se		e 13. (c) Method of valua	ation:
(a) Description of investment type	(b) Book value	Cost or end-of-year mar	
	·		
·			
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
	Description		
LEASE DEPOSITS	MYON AND OUT	(ED EMPLOYEE DENEETED	138,790.
DUE FROM STATE - ACCRUED VACAGE CONTRACT ADVANCES-STATE OF CA		ER EMPLOYEE BENEFITS	10,278,515. 902,377.
**************************************	LIFURNIA		193,090.
OTHER ASSETS			193,090.
			
Total. (Column (b) should equal Form 990, Part X, col (B) lir	ne 15.)	>	11,512,772.
Part X Other Liabilities. See Form 990, Part X, I	line 25.		
(a) Description of liability		(b) Amount	
Federal income taxes			
POST-RETIREMENT HEALTH CARE P.	LAN		
OBLIGATION		12,900,490.	
DUE TO STATE		100,797.	
UNEXPENDED CLIENT SUPPORT		876,392.	
		12 077 670	
Total. (Column (b) should equal Form 990, Part X, col (B) lir	ne 25.) ▶	13,877,679.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 832053 12-23-08

Sche	dule D (Form 990) 2008 FOUNDATION				95-3	822105	Page 4
Par	TXI Reconciliation of Change in Net Assets from Form 990 to	Finan	cial Stat	ement			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		,	1	1	41,265,	624.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		41,275,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		-10,	129.
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7	-		
8	Other (Describe in Part XIV)			8		1,291,	392.
9	Total adjustments (net). Add lines 4-8			9		1,291,	
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10		1,281,	
10 Da	tXII Reconciliation of Revenue per Audited Financial Statemen				r Return		200.
RALESCES OF	Total revenue, gains, and other support per audited financial statements				1	141256	5998.
1						141250	,,,,,,,,
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	0-1					
a	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	1					
C	Recoveries of prior year grants						
d	Other (Describe in Part XIV)						0
е	Add lines 2a through 2d					141256	- 0 0 0
3	Subtract line 2e from line 1				3	141230	998.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b			0 60			
b	Other (Describe in Part XIV)	4b		8,62	b •	_	
c	Add lines 4a and 4b					8,	626.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				5	141265	0624.
Pai	TXIII Reconciliation of Expenses per Audited Financial Stateme						
1	Total expenses and losses per audited financial statements		.,		1	139975	0/35.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1					
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
c	Losses reported on Form 990, Part IX, line 25	2c					
d	Other (Describe in Part XIV)	2d					
e	Add lines 2a through 2d		*************		2e		<u> </u>
3	Subtract line 2e from line 1				3	139975	5735 .
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b	1,30	0,01	8.		
c	Add lines 4a and 4b				1 - 1	1,300,	018.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)				5	141275	5753.
Pai	t XIV Supplemental Information						
EXELECTION	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lines 1	a and 4: Pa	art IV. lin	es 1b and 2	b: Part V. line	4: Part
	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	,		,		,	.,,
/·, · ·	try, mio o, rate att, mios es and rate and rate and rate.						
PAF	RT XI, LINE 8 - OTHER ADJUSTMENTS:						
HEZ	ALTH PLAN REL. CHANGES OTHER THAN NET PER.	POS	r_RETT	REME	ייתי		
11411	and an areas and a control of the co				<u> </u>		
BEN	WEFIT COST : 1291392.						
	1001 1 1070						
סאד	RT XII, LINE 4B - OTHER ADJUSTMENTS:						
LAL	VI VII' HIME AD - OTHER WRONDILIENID:						
DOG	ST-RETIREMENT HEALTH CARE PLAN TRUST-INTERE	י מחטי	INCOME	. 04	26		
FO:	DI-KETIKEMENI MEALIN CAKE PLAN IKUSI-INTERE	LOT.	TINCOME	. 00	120.		

COASTAL DEVELOPMENTAL SERVICES

Schedule D (Form 990) 2008 FOUNDATION	95-382	22105	Page 5
Part XIV Supplemental Information (continued)			
PART XIII, LINE 4B - OTHER ADJUSTMENTS:			
POST-RETIREMENT HEALTH CARE PLAN EXPENSE-OFFSET BY TRUST IN	NCOME: 8	3626.	
HEALTH PLAN REL. CHANGES OTHER THAN NET PER. POST RETIREMEN	NT		
BENEFIT COST: 1291392.			
			<u> </u>

SCHEDULE I			Č	,					OMB No. 1545-0047
(Form 990)			Governr	its and other Assistance to Organizate tovernments, and Individuals in the U.S.	Governments, and Individuals in the U.S.	ñ			2008
Department of the Treasury Internal Revenue Service		▼ Comple	ate if the organizatio	n answered "Yes," on F ▶ Attach to Form 990.	i," on Form 990, Pa m 990.	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.Attach to Form 990.			Open to Public Inspection
Name of the organization	ion COASTAL DEVELOPMENTAL FOUNDATION	LOPMEN	PAL SERVICES	i				Employer ident	Employer identification number 95–3822105
Part General In	General Information on Grants and Assistance	sistance	:						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	stantiate the		or assistance, the	e grantees' eligibility	y for the grants or ass	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
	criteria used to award the grants or assistance?	۶۶.						X	X Yes No
តា	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	res for monite	ving the use of grant	funds in the Unite	d States.				
Fart II Grants an	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	rnments and	Organizations in the	e United States.	complete if the orga	anization answered "\	res" on Form 990, Par	rt IV, line 21, for a	_
recipient to 1 (a) Name and ad or gov	1 (a) Name and address of organization (b) EIN (c) IRC second or government (f) EIN (f) EIN (f) EIN (f) IRC second or government (f) EIN (f) EIN (f) IRC second or government (f) EIN (f) EIN (f) IRC second or government (f) EIN (f) EIN (f) IRC second or government (f) EIN (f) EIN (f) IRC second or government (f) EIN (f) EIN (f) IRC second or government (f) IRC second or government (f) EIN (f) EIN (f) IRC second or government (f) IRC second or gover	(b) EIN	box if no one recipien (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, EM) annuals	recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) it additional space is needed tion (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose Sah valuation (book, non-cash assistance or assist. FMV annumber of Schedule I-1 (Form 990) it additional space is needed (h) Purpose or assist.	(h) Purpo	(h) Purpose of grant or assistance
						Cipetio			
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	vernment org	anizations					 	
3 Enter total numb	Enter total number of other organizations			***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			A	
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Act Notice, s	ee the Instructions	for Form 990.				Schedule	Schedule I (Form 990) 2008

Page 2

95-3822105

FOUNDATION

Schedule I (Form 990) 2008

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule 1-1 (Form 990) if additional space is needed.

(f) Description of non-cash assistance (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. STATE OF CALIFORNIA WHO HAVE DEVELOPMENTAL DISABILITIES. THE ENTITY KEEPS CONFIDENTIAL FILES ON EACH OF ITS CLIENTS. THE ORGANIZATION IS AUDITED BY OF CALIFORNIA'S DEPARTMENT OF DEVELOPMENTAL SERVICES AND ALSO THE SCHEDULE I, PART I, LINE 2: ASSISTANCE IS PROVIDED TO RESIDENTS OF Ö (d) Amount of non-cash assistance o o REVIEWED BY FEDERAL STAFF FROM CMS TO ENSURE COMPLIANCE 16,527,369 25,806,570 81,176,586 (c) Amount of cash grant 0 0 (b) Number of recipients (a) Type of grant or assistance RESIDENTIAL CARE FACILITIES OTHER PURCHASED SERVICES THE STATE DAY PROGRAM Part IV

Schedule I (Form 990) 2008

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

COASTAL DEVELOPMENTAL SERVICES

Employer identification number FOUNDATION 95-3822105 **Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to primbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Youngenesation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VIII, Section A, line 1a: Receive a severance payment or change of control payment? Participate in, or receive payment from, an equity-based compensation arrangement? Approval by of officers, the principation of the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments The organization? Any related organization F				Yes	No
First class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or histland fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee X Written employment contract CEO/Executive Director. Check all that apply. X Portion of the organization committee X Written employment contract CEO/Executive Director Change of control payment? 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment for change of control payment? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 C X if 'Yes' to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? if 'Yes,' to line 5a or 5b, describe in Part III. 5 Any related organization? if 'Yes, 'to line 5a of 8b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' des	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
Travel for companions		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel — Housing allowance or residence for personal use			
Discretionary spending account		Travel for companions Payments for business use of personal residence			
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee Independent compensation consultant Ormpensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: 8 Receive a severance payment for or change of control payment? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 8 The organization? 8 The organization? 1 Participate in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 8 The organization? 9 Participate in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 9 Participate in fine 6a or 6b, describe in Part III. 9 Participate in fine 6a or 6b, describe in Part III. 9 Participate in fine 6a or 6b, describe in Part III. 9 Participate in fine 6a or 6b, describe in Part III. 9 Participate in fine 6a or 6b, describe in Part III. 9 Participate in fine 6a or 6b, descr		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. 3 Compensation committee 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization committee CEO/Executive Director. Check all that apply. 4 Indicate which, if any, of the following the organizations wurve or study with the organization survey or study Indicate with the organization and provide the applicable and place and provide the applicable and place and pl		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. 3 Compensation committee 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization committee CEO/Executive Director. Check all that apply. 4 Indicate which, if any, of the following the organizations wurve or study with the organization survey or study Indicate with the organization and provide the applicable and place and provide the applicable and place and pl					
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.	b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee Independent compensation consultant Independent compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: Independent compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: Independent compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: Independent compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: Independent compensation contingent on the revenues of: Independent compensation contingent on the revenues of: Independent compensation contingent on the net earnings of: Independent compensation contingent conti		of all of the expenses described above? If "No," complete Part III to explain	1b		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee 4a	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
CEO/Executive Director. Check all that apply. X Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? 5b X if "Yes," to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6a X b Any related organization? 6a X c The organization? 6a X d The organization? 6a X d The organization? 7a X d Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
CEO/Executive Director. Check all that apply. X Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? 5b X if "Yes," to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6a X b Any related organization? 6a X c The organization? 6a X d The organization? 6a X d The organization? 7a X d Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
X Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee X X Approval by the board or compensation committee X X Approval by the board or compensation committee X X Approval by the board or compensation committee X X Approval by the board or compensation Approval by the board or compensation committee X X X Approval by the board or compensation in the revenue payment from, an equity-based compensation arrangement? Approval by the board or compensation contingent on the revenues of X X X X X X X X X	3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 A X b Any related organization? 1 If "Yes," to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A X b Any related organization? 6 The organization? 7 The organization in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 If "Yes" to any of lines 4arc, list the persons and provide the applicable amounts for each item in Part III. 5 Por persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5 The organization? 5 Any related organization? 5 Any related organization? 6 Any related organization? 6 Any related organization? 6 Any related organization? 6 Any related organization? 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		X Compensation committee X Written employment contract			
Form 990 of other organizations Approval by the board or compensation committee Juring the year, did any person listed in Form 990, Part VII, Section A, line 1a: Receive a severance payment or change of control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? If "Yes," to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? If "Yes," to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III. Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? if "Yes," to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for the organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
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a Receive a severance payment or change of control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? d Y X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes," to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
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b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes," to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	а		4a		X
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? a The organization? b Any related organization? f The organization? f The organization? f The organization? f The organization form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			4b		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? 5b X If "Yes," to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			4c		X
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? 5b X if "Yes," to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6b X if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes," to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? Any related organization? For persons listed in Form 990, Part VII. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes," to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? Any related organization? For persons listed in Form 990, Part VII. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
contingent on the revenues of: a The organization? b Any related organization? fi "Yes," to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? fi "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	5				
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b Any related organization? If "Yes," to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	а	· ·	5a		Х
If "Yes," to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		-	5b		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	6				
a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	а		6a		Х
If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III					
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III					
not described in lines 5 and 6? If "Yes," describe in Part III	7				
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			7		X
	8				
1111101 CONTRACT CACCATON COSTINCO III NOGO, OCCITON CONTRACTO TRANSFER III NOGO, OCCITON CONTRACTOR TRANSFER III NOGO OCCITON	-	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

95-3822105

Schedule J (Form 990) 2008

FOUNDATION

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2	W-2 and/or 1099-MI8	and/or 1099-MISC compensation	(0)	(<u>0</u>)	(E)	(F)
(A) Nате		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred compensation	Nontaxable benefits	Total of columns (B)(l)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	8	274,168.	0.	0	0	10,038.	284,206.	0
MICHAEL DANNEKER	E s	0.	0	0	0	0	0	0.
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				(Schedul	Schedule J (Form 990) 2008

SCHEDULE L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

2008 Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COASTAL DEVELOPMENTAL SERVICES

Employer identification number

FO	ONDATIO	'IN						5	15-38	<u> </u>	<u> </u>	
Part I Excess Benefit												
To be completed by	y organization	s that	answered "Y	es" on Form 99	0, Part IV,	line 25a or	25b, or I	orm 99	0-EZ, Par	rt V, line		
(a) Name of di	squalified pers	son			(b) D	escription	of transa	action			(c) Corr	
											Yes	No
2 Enter the amount of tax imp section 4958		-	_	gers or disqualif	•	-	-		▶ \$			
3 Enter the amount of tax, if a												
Part II Loans to and/o	or From Int	eres	ted Perso	ns.								
To be completed by				es" on Form 99	0, Part IV,	line 26, or l	Form 990)-EZ, Pa				
(a) Name of interested person and purpose	(b) Loan the orga			riginal principal amount	(d) Bala	ince due) In ault?	by bo	oroved ard or	(g) W agreei	ritten
person and purpose		T		amount			Yes No		cómmittee?		 	Γ
	То	Fro	om				Yes	No	Yes	No	Yes	No
otal												
Part III Grants or Assi			•									
To be completed by		s that										
(a) Name of interested	person		(b) Re	lationship betw the or	een interes ganization	ted person	and		(c) Amou	unt of gr f assista	ant or ty ince	pe
Part IV Business Trans			_									
To be completed by		s that				· · · · · · · · · · · · · · · · · · ·	•				(e) Sha	ring of
(a) Name of interested	person			iship between i and the organiz		(c) Ame transa			Descript transacti		organiz rever	zation's
			<u>.</u>								Yes	No
KAROL SCOTTA			OWNER	OF OPTIC	NS FO	876	,075	.WES	TSID	E RE		X
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SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

COASTAL DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number 95-3822105

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS
OPTIONS, SUPPORTED WORK AND VOCATIONAL PROGRAMS, ADVOCACY, TRAINING AND
EDUCATIONAL OPPORTUNITIES, AND OTHER SUPPORT SERVICES FOR CONSUMERS AND
FAMILIES.
RESIDENTIAL DAY CARE FACILITIES 16,527,369
DAY PROGRAM 25,806,570
OTHER PURCHASED SERVICES 81,176,586
TOTAL ASSISTANCE TO INDIVIDUALS 123,510,525
THE ENTITY SERVED 7,483 CLIENTS IN THE FISCAL YEAR ENDING JUNE 30,
2009.
FORM 990, PART VI, SECTION A, LINE 10: THERE IS A PRESENTATION OF THE FORM
990 TO THE BOARD OF DIRECTORS' FINANCE COMMITTEE FOR REVIEW. AFTER ANY
CHANGES ARE MADE ON THE RETURN, A FINAL DRAFT OF THE FORM 990 IS APPROVED
BY THE FINANCE COMMITTEE. BEFORE IT IS FILE, A COPY OF THE FINAL FORM 990
IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C: THERE IS A CONFLICT OF INTEREST
ACKNOWLEDGEMENT THAT IS ISSUED ANNUALLY TO THE BOARD MEMBERS AND STAFF. IF
THERE ARE POTENTIAL CONFLICTS OF INTEREST, THESE ISSUES WILL BE RESOLVED IN
THE BEST INTERESTS OF THE CORPORATION.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008 Open to Public Inspection

Name of the organization

COASTAL DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number 95-3822105

FORM 990, PART VI, SECTION B, LINE 15: OFFICER AND KEY EMPLOYEE

COMPENSATION IS DETERMINED THROUGH INDEPENDENT REVIEW AND APPROVAL BY THE

BOARD OF DIRECTORS AND ITS COMPENSATION COMMITTEE ON AN ANNUAL BASIS BASED

ON COMPENSATION STUDIES AND COMPARABLES.

FORM 990, PART VI, SECTION C, LINE 19: THE FORM 990, THE FORM 1023, THE

DETERMINATION LETTER ARE AVAILABLE UPON WRITTEN OR VERBAL REQUEST TO ANYONE
WHO INQUIRES TO THE ORGANIZATION. GOVERNING DOCUMENTS ARE ALSO AVAILABLE AT
THE ORGANIZATION'S OFFICE.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: KAROL SCOTTA
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNER OF OPTIONS FOR LIFE, INC. AND MEMBER OF THE BOARD

- (C) AMOUNT OF TRANSACTION \$ 876075.
- (D) DESCRIPTION OF TRANSACTION: WESTSIDE REGIONAL CENTER TRANSACTED WITH OPTIONS FOR LIFE, INC. TO PROVIDE SEVERAL SERVICES, INCLUDING A COMMUNITY INTEGRATION TRAINING PROGRAM, TRANSPORTATION SERVICES, AND SUPPLIMENTAL PROGRAM SUPPORT.
- (E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART X, LINE 10

FIXED ASSETS

PURSUANT TO THE TERMS OF THE CONTRACT WITH THE DDS, EQUIPMENT PURCHASES

BECOME THE PROPERTY OF DDS AND, ACCORDINGLY, ARE CHARGED AS EXPENSES

WHEN INCURRED. FOR THE YEARS ENDED JUNE 30, 2009 AND 2008, EQUIPMENT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization

COASTAL DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number 95-3822105

PURCHASES TOTALED \$40,311 AND \$130,332, RESPECTIVELY.
FORM 990, PART I, LINE 16B
FUNDRAISING EXPENSES
THE ENTITY RECEIVES FUNDING ON AN ANNUAL BASIS FROM THE STATE OF
CALIFORNIA. THE REGIONAL CENTER CONTRACTS WITH THE DEPARTMENT OF
DEVELOPMENTAL SERVICES TO PROVIDE OR COORDINATE SERVICES AND SUPPORTS
FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. THE ENTITY DOES NOT
USE ITS RESOURCES TO SOLICIT PRIVATE DONATIONS, AS ANY FUNDRAISING IS
CARRIED OUT BY THE ACHIEVABLE FOUNDATION, A RELATED ENTITY THAT SERVES
AS THE FUNDRAISING ARM OF THE REGIONAL CENTER.
FORM 990, PART VII
BOARD OF DIRECTORS
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 4 CLIENTS, 8 PARENTS/LEGAL GUARDIANS OF
CLIENTS, AND 1 SERVICE PROVIDER AS OF JUNE 30, 2009.

Schedule R (Form 990) 2008 Employer identification number 95–3822105 Open to Public inspection OMB No. 1545-0047 Direct controlling entity Direct controlling entity Œ End-of-year assets Public charity status (if section 501(c)(3)) ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 509(A)(1) Œ Exempt Code section Total income 501(C)(3) 9 Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>0</u> ▶ See separate instructions. CALIFORNIA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. PROVIDE SUPPORT TO PEOPLE COASTAL DEVELOPMENTAL SERVICES Primary activity Primary activity WITH DEVELOPMENTAL <u>@</u> DISABILITIES Identification of Related Tax-Exempt Organizations FOUNDATION THE ACHIEVABLE FOUNDATION - 95-4552419 Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 5901 GREEN VALLEY CIRCLE CULVER CITY, CA 90230 Name of the organization Department of the Treasury ntemal Revenue Service SCHEDULE R (Form 990) Parti Partil

COASTAL DEVELOPMENTAL SERVICES Schedule R (Form 990) 2008 FOUNDATION

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Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, investment, unrelated)		Share of total income	Share of end-of-year assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? Yes No
Part IV Identification of Related Organizations Taxable as a Corporation or Trust	janizations Taxable as a Cor	poration or	frust							
(A) Name, address, and EIN of related organization	Z	Prin	(B) Primary activity	(C) Legal domicile C (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp., or trust)	(F) ty Share of total income		(G) Share of Peend-of-year o	(H) Percentage ownership

(A)	(B)	0	(Q)	(E)	(F)	(0)	£
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp., S corp., or trust)	ည်	Share of Peend-of-year ov assets	Percentage ownership
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Transactions With Related Organizations	
Apred	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		20.23
a Receipt of (i) interest (ii) annuities (iii) rovalties (iv) rent from a controlled entity		1a X
b Gift crant or capital contribution to other organization(s)		1b X
Giff grant or capital contribution from other organization(s)	1	
d Loans or loan guarantees to or for other organization(s)		1d A
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		14 X
y i dicitade of assets folial villed by galitzation(s)		
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
j Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
l Performance of services or membership or fundraising solicitations by other organization(s)		1F
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of baid employees		1 X
o Reimbursement paid to other organization for expenses		10 X
		T _D
Cither transfer of cash or property to other properties (s)		× ×
2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nsaction thresholds	
1		
	(B) Transaction	(C) Amount involved
Name of other organization(s)	type (a-r)	
(1) THE ACHIEVABLE FOUNDATION	M	.0
(2) THE ACHIEVABLE FOUNDATION	Z	0.
(3)		
(4)		
(9)		
(9)		
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FOUNDATION Schedule R (Form 990) 2008 Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address, and EIN of entity		2		į			
of entity	Primary activity	Legal domicile	Are all partners	Share of end-of-		Code V-UBI	General or
			section 501(c)(3) organizations?	year assets	tionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?
			8			(200)	S .
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