PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 36713

Initial

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 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013 Check if applicable: C Name of organization D Employer identification number LOS ANGELES COUNTY Address change DEVELOPMENTAL SERVICES FOUNDATION Name change Doing Business As FRANK D. LANTERMAN REGIONAL CE 95-3374648

Number and street (or P.O. box if mail is not delivered to street address)

E Telephone number Termin-3303 WILSHIRE BLVD. 700 213-383-1300 Amended 124,904,183 City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-LOS ANGELES, CA 90010 H(a) Is this a group return pending F Name and address of principal officer:DIANE C. ANAND Yes X No

Room/suite

for affiliates?

SAME AS C ABOVE H(b) Are all affiliates included? JYes L Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No." attach a list, (see instructions)

J Website: WWW.LANTERMAN.ORG H(c) Group exemption number ▶

K Form of organization: X Corporation Trust Association Other > L Year of formation: 1979 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO ASSIST PERSONS WITH Governance DEVELOPMENTAL DISABILITIES if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box ▶ Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 11 186 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 70 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 l7a b Net unrelated business taxable income from Form 990-T, line 34 ... 7b Prior Year Current Year Contributions and grants (Part VIII, line 1h) 119,836,715. 123,003,188. 0. 1,879,133. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 37,561. 21,862. 99,597. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 119,973,873. 124,904,183. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 104,484,895. 108,774,192. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 12,091,380. 11,743,395. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 3,747,325. 3,888,025. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 119,975,615. 124,753,597. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,742.150,586. 19 Revenue less expenses. Subtract line 18 from line 12 50 Beginning of Current Year End of Year 15,123,908. 16,011,610. 20 Total assets (Part X, line 16) 14,403,197. 15,030,285. 21 Total liabilities (Part X, line 26) 720,711. Net assets or fund balances. Subtract line 21 from line 20 981,325. Part II | Signature Block true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

Sign	Signature of officer		Date
Here	DIANE C. ANAND EXEC.	DIR.	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	ate Check PTIN
Paid	DONITA M. JOSEPH		self-employed P00286656
Preparer	Firm's name WINDES, INC.	*	Firm's EIN > 95-3001179
Use Only	Firm's address P.O. BOX 87		
	LONG BEACH, CA	90801-0087	Phone no. (562)435-1191
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No

Pa	rt III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: TO ENABLE PEOPLE WITH DEVELOPMENTAL DISABILITIES TO LIVE FULL,
	PRODUCTIVE, AND SATISFYING LIVES AS ACTIVE MEMBERS OF THEIR
	COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 122,009,487. including grants of \$ 108,774,192.) (Revenue \$ 1,879,133.)
·u	THE ENTITY WAS ORGANIZED IN ACCORDANCE WITH THE PROVISIONS OF THE
	LANTERMAN DEVELOPMENTAL DISABILITIES SERVICES ACT OF THE WELFARE AND
	INSTITUTIONS CODE OF CALIFORNIA. IN ACCORDANCE WITH THE ACT, THE ENTITY
	WORKS IN PARTNERSHIP WITH PEOPLE WITH DEVELOPMENTAL DISABILITIES, THEIR
	FAMILIES, LOCAL COMMUNITIES, SERVICE PROVIDERS, AND THE GOVERNMENT. ITS
	MISSION IS TO ENABLE PERSONS WITH DEVELOPMENTAL DISABILITIES TO LIVE
	INDEPENDENT, PRODUCTIVE, AND SATISFYING LIVES IN THEIR COMMUNITY; THE
	ENTITY ALSO STRIVES TO LESSEN DEVELOPMENTAL DELAYS IN INFANTS AND YOUNG CHILDREN, AND MINIMIZE THE RISK OF DEVELOPMENTAL DISABILITIES. AMONG
	THE SERVICES AND SUPPORT THE ENTITY PROVIDES OR COORDINATES ARE
	DIAGNOSIS AND ASSESSMENT, INDIVIDUALIZED PLANNING AND SERVICE
	COORDINATION, EARLY INTERVENTION AND PREVENTION, COMMUNITY LIVING
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 122,009,487.
40	Total program service expenses ► 122,009,487.
	Form 330 (2012)

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LOS ANGELES COUNTY DEVELOPMENTAL SERVICES FOUNDATION Part IV | Checklist of Required Schedules

Form 990 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
•	If "Yes," complete Schedule A	1	X	-
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	_		X
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
	during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
40	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		7.7	
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
"	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		=	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110	_	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	-	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		\dashv	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2	2012)

LOS ANGELES COUNTY DEVELOPMENTAL SERVICES FOUNDATION Part IV | Checklist of Required Schedules (continued)

Form 990 (2012)

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
200	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		х
h	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		100	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		٠,	
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	Х
30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M			х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	\dashv	
	If "Yes," complete Schedule N, Part I	31	- 1	Х
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, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
27	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	.		v
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	-	<u>X</u>
55	Note. All Form 990 filers are required to complete Schedule O	38	$_{\rm x}$	
	Total III Com 555 more de required to complete de reduie o	Form		2012\
		TOTAL !	\	-014)

LOS ANGELES COUNTY

95-3374648

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	5 1 7 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	=4,4		- 1
	(gambling) winnings to prize winners?	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 2a 186		1811	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			=""
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-"1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			178
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	and any and any area and area area.			v
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		1111	v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N/	
9 h		7g 7h	N/	10.0
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	711	-1/	
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	В		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		_
10	Section 501(c)(7) organizations. Enter:	E III		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		8 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	lii e	-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			uni.
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	8""n#,	" П	37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	<u>X</u>
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	0040
		rorm	990 (2012)

Form 990 (2012)

DEVELOPMENTAL SERVICES FOUNDATION

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

_	Check if Schedule O contains a response to any question in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year			mu				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	- '=						
b	Enter the number of voting members included in line 1a, above, who are independent							
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							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	- Joseph Comment of the government of the government of the prior form out of the first model and the comment of the government of the gov							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1122 11	H.	111				
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X	1				
15	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?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
_	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►CA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	vailab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	icial					
	statements available to the public during the tax year.							
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books are personally also become the person of the pers	ion: 🕨						
	BARRY LONDER - 213-252-4940							
232006	3303 WILSHIRE BLVD. SUITE 700, LOS ANGELES, CA 90010							
12-10-	12	Form	990 (2012)				

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

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

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

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

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

(A)	(B)		rganization compensate (C)					(D)	(E)	(F)	
Name and Title	Average	(40	not -	Pos	ition	on re than one		Reportable	Reportable	Estimated	
	hours per	box	, unle	not check more than one unless person is both an er and a director/trustee)			h an	compensation	compensation	amount of	
	week	_	cer ar	o a o	irecto	r/trus	tee)	from	from related	other	
	(list any	or director						the	organizations	compensation	
	hours for related	000	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	organizations	trustee	Institutional trustee		/ee	Highest compensated employee		(***2/1099*****1000)		organization and related	
	below	dual	utiona	<u></u>	Key employee	st co Jyee	- 10			organizations	
	line)	Individual 1	Institu	Officer	Key e	Highe emplo	Former			3	
(1) MARK HIGGINS	2.00										
PRESIDENT		X		X				0.	0.	0	
(2) MARJORIE HELLER	2.00										
TREASURER		X		X				0.	0.	0	
(3) DR. ANILA GURUJI	2.00										
SECRETARY		X		X				0.	0.	0	
(4) LARRY DEBOER	2.00										
DIRECTOR		Х						0.	0.	0	
(5) HOWARD MCBROOM	2.00								_		
DIRECTOR		Х						0.	0.	0	
(6) ZULMA MENA	2.00										
DIRECTOR		X	Ш	Щ				0.	0.	0 .	
(7) LOUIS MITCHELL	2.00										
DIRECTOR	0.00	X		_				0.	0.	0,	
(8) BRIAN NEWKIRK	2.00	.,								•	
DIRECTOR (9) DINA RICHMAN	2.00	X		_		\blacksquare	Ш	0.	0.	0,	
DIRECTOR	2.00	7,7								•	
(10) EDUARDO SOLIS	2.00	X	_	_	-		_	0.	0.	0	
DIRECTOR	2.00	х						o.	0.	0	
(11) ANA VILLASENOR	2.00	Δ	-	\dashv	-			0.	0.	0.	
DIRECTOR	2.00	x						o.	0.	0	
(12) KELLY WHITE	2.00			\dashv		\dashv		· ·	0.		
DIRECTOR	2.00	x						0.	0.	0	
(13) DIANE ANAND	40.00			\dashv	-	\dashv			- 0.	- 0	
EXECUTIVE DIRECTOR				x				196,771.	0.	23,002	
(14) PATRICK R. AULICINO	40.00				\exists	_	=			20,002	
ASSOC DIR ADMIN SERVICES						\mathbf{x}		118,049.	0.	19,062	
(15) MELINDA SULLIVAN	40.00			\neg	\dashv	\neg					
ASSOC DIR PROGRAM AND SERV						хl		103,904.	0.	29,975	
· · · · · · · · · · · · · · · · · · ·			\neg	\dashv							
				\neg							

232007 12-10-12

Form 990 (2012)

Port VIII									33-3	3/4	040		age c
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees			ighe	st (_
(A) Name and title	(B) Average hours per week	box	not c , unle cer ar	Pos heck ss pe	more erson	than	th an	compensation	(E) Reportable compensatio from related	Est		(F) stimat mount other	t of
	(list any hours for related organizations	al trustee or director	Institutional trustee		loyee	Highest compensated employee		the organization (W-2/1099-MISC)	organization (W-2/1099-MIS				ation he ation ated
	below line)	Individual t	Institutio	Officer	Key employee	Highest employe	Former				org	anizat	ions
(<u> </u>													
							F						
													-
										\dashv		—	
		_								-			
*													
1b Sub-total c Total from continuation sheets to Part VI	II, Section A					\		418,724.		0.	7	2,0	0.
d Total (add lines 1b and 1c)	***************************************					•		418,724	000 -6	0.	7	2,0	39.
2 Total number of individuals (including but n compensation from the organization	ot illriited to tri	iose	iiste	a a	DOVE	e) wr	10 10	eceived more than \$100	,000 от геропар	.e			3
3 Did the organization list any former officer,	director, or tru	ıstee	e. ke	v en	olan	vee.	. or	highest compensated e	mplovee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for s	uch individual				2		min.	***************************************			3		Х
and related organizations greater than \$150	0,000? If "Yes,	" COI	mple	ete S	Sche	dule	e J f	for such individual			4	х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	· ·				-			-	dual for services		5		x
Section B. Independent Contractors													
 Complete this table for your five highest co the organization. Report compensation for 		-								pensa	ation 1	irom	
(A) Name and business		001	,,,,,,,,,	·9 ··		01 11		(B) Description of s			(C	C) nsatio	
MAJOR & LYNN LEWIS							1	RESIDENTIAL A			Jilipe	Isalic	<u> </u>
PO BOX 48470, LOS ANGELES SIERRA MADRE LEARNING CEN				RC	GF	RAN		PROGRAM SERV		1	<u>, 84</u>	9,2	33.
370 W. SIERRA MADRE #B, S	SIERRA M						1	COMMUNITY IN	regratio	1	, 54	3,3	03.
LYNN & DARLA SUPPORTED LI 3919 W. MAGNOLIA BLVD., E	BURBANK,) 5		SUPPORTED LIV SERVICES	VING	1	,21	9,8	42.
PACIFIC CHILD AND FAMILY, BLVD. #1000, GLENDALE, CA		E	BRA	ND)		- 1	BEHAVIOR	CEDITO		70	4 2	- 7
MODERN SUPPORT SERVICES,							_	INTERVENTION SUPPORTED AN			12	4, 4	57.

232008 12-10-12 Form **990** (2012)

692,668.

58

Total number of independent contractors (including but not limited to those listed above) who received more than

PO BOX 10365, GLENDALE, CA 91209

\$100,000 of compensation from the organization

INDEPENDENT LIVING

* 18		Check if Schedule O cont				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	Revenue excluded
	Ш	والمتالية والمدالة والمتالية والمتال					revenue	revenue	sections 512, 513, or 514
and Other Similar Amounts	а	Federated campaigns		1a					
릵		Membership dues	20 12/20 (2011)	1b					
F A		Fundraising events		1c					
<u>a</u>	d	Related organizations		1d					
Ĕ	е	Government grants (contribut	ions)	1e	122,648,819.				**
5	f	All other contributions, gifts, gran							
Ĕ		similar amounts not included abo	ve	1f	354,369.				
	g	Noncash contributions included in lines	1a-1f: \$						
<u> </u>	h	Total. Add lines 1a-1f				123,003,188.			
					Business Code				
2	а	ICF SUPPL SVS INCOME			900099	1,879,133.	1,879,133.		
ايو	b								
[[С								
<u>§</u>	d								
2 Hevenue	е								
1	f	All other program service reve	nue						
	g	Total. Add lines 2a-2f				1,879,133.			
3		Investment income (including	dividend	s, inter	est, and				
		other similar amounts)		AC 18AC		21,862.			21,862
4		Income from investment of tax							
5		Royalties			▶				
1			(i) R	eal	(ii) Personal				
6	а	Gross rents							
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (loss)		10000000					
7	a	Gross amount from sales of	(i) Seci	urities	(ii) Other				
		assets other than inventory							4
	b	Less: cost or other basis					"", ""		
1		and sales expenses							
	С	Gain or (loss)							
	d	Net gain or (loss)							
8	а	Gross income from fundraising	g events	(not					
1		including \$	o	f	1				
1		contributions reported on line	1c). See						
1		Part IV, line 18		a					
	b	Less: direct expenses		b					#U
1	С	Net income or (loss) from fund	raising e	vents					
9	а	Gross income from gaming ac	tivities. S	See					
		Part IV, line 19							
	b	Less: direct expenses	œ-œœ	b					
1 .	С	Net income or (loss) from gam	ing activi	ties	>				
10	а	Gross sales of inventory, less			11				
1		and allowances							
	b	Less: cost of goods sold		b					
	С	Net income or (loss) from sales	of inver	ntory	>				
		Miscellaneous Revenue	•		Business Code				
11 :	а								
	b								
4	С								
	d	All other revenue							
(е	Total. Add lines 11a-11d	*******						LE VILLER
		Total revenue. See instructions.			WASCAMONDON .	124,904,183.	1,879,133.	0.2	21,862.

Form 990 (2012)

ect	ion 501(c)(3) and 501(c)(4) organizations must con			omplete column (A).	
-	Check if Schedule O contains a respo	nse to any question in th	nis Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	2 500	2 500		
	organizations in the United States. See Part IV, line 21	3,500.	3,500.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	108,770,692.	108,770,692.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	017 504		017 504	
	trustees, and key employees	217,524.		217,524.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 500 307	0 006 710	1 272 600	
7	Other salaries and wages	9,580,327.	8,206,718.	1,373,609.	
8	Pension plan accruals and contributions (include	006 144	054 000	141 064	
	section 401(k) and 403(b) employer contributions)	996,144.	854,280.	141,864.	
9	Other employee benefits	1,116,527.	939,631.	176,896.	
0	Payroll taxes	180,858.	151,595.	29,263.	
1	Fees for services (non-employees):				
а	Management	014 605		214 605	
b	Legal	214,695.		214,695.	
С	Accounting	53,000.		53,000.	
d	Lobbying	2,500.		2,500.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	740 200	600 240	60 000	
	column (A) amount, list line 11g expenses on Sch 0.)	749,388.	680,349.	69,039.	
2	Advertising and promotion	220 246	102 002	25 626	1 (0
3	Office expenses	220,246.	183,003.	35,636.	1,60
4	Information technology	268,252.	224,849.	43,403.	
5	Royalties	1,831,813.	1 525 426	206 207	
6	Occupancy		1,535,426.	296,387.	
7	Travel	80,452.	67,435.	13,017.	
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	61 205	E1 270	0 017	
9	Conferences, conventions, and meetings	61,295.	51,378.	9,917.	
	Interest				
I .	Payments to affiliates				
2	Depreciation, depletion, and amortization	128,375.	107,604.	20,771.	
3	Insurance	140,3/3.	107,004.	40,771.	
ŀ	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT	201,797.	169,146.	32,651.	
b	GENERAL EXPENSES	76,212.	63,881.	12,331.	
c			,	,	
d					
	All other expenses				
;		124,753,597.	122,009,487.	2,742,503.	1,60
-	Joint costs. Complete this line only if the organization	_,,,	_,,,	., . == ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here			1	

if following SOP 98-2 (ASC 958-720)

Check here

LOS ANGELES COUNTY DEVELOPMENTAL SERVICES FOUNDATION

Form 990 (2012)
Part X Balance Sheet

rait /	Check if Schedule O contains a response to any question in this Part X	O COUNTY OF THE PROPERTY THAT I THE PROPERTY OF THE PROPERTY O		V22-200 (004-007-007-007-007-007-007-007-007-007-
	Shookin concessor of contains a response to any question in this rate X	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,000.		1,000.
2	Savings and temporary cash investments	3,946,522.	2	7,759,985.
3			3	
4		9,673,359.	4	6,511,365.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete		- 111	
	Part II of Schedule L		5	
6				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		= 11	
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ا ي	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	(**************************************		7	
8 §	Inventories for sale or use		8	
9		286,598.	9	217,549.
10	a Land, buildings, and equipment: cost or other		# 1	
- 1	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
11	110000001111111111111111111111111111111		11	
12	042444444444444444444444444444444444444	559,979.	12	823,485.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	656,450.	15	698,226.
16	Total assets. Add lines 1 through 15 (must equal line 34)	15,123,908.	16	16,011,610.
17	Accounts payable and accrued expenses	12,518,058.	17	13,530,192.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ဖ္မ 21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,885,139.	21	1,500,093.
Liabilities				
[편	key employees, highest compensated employees, and disqualified persons.		III E	
-	Complete Part II of Schedule L		22	
23	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	, , ,		1	
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	44 100 400	25	45 000 005
26		14,403,197.	26	15,030,285.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
se	complete lines 27 through 29, and lines 33 and 34.	160 500		245 242
ğ 27	***************************************	160,732.	27	345,340.
<u>R</u> 28		218,037.	28	293,294.
교 29		341,942.	29	342,691.
₫	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ğ	and complete lines 30 through 34.		ilii E	
ᇶ 30			30	
ğ 31			31	
Net Assets or Fund Balances 22 28 29 30 31 32 32		HOA HILL	32	004 00=
2 33		720,711.	33	981,325.
34	Total liabilities and net assets/fund balances	15,123,908.	34	16,011,610.

Form 990 (2012)

Form 990 (2012)

Forn	n 990 (2012) DEVELOPMENTAL SERVICES FOUNDATION	95-33	74648	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		24,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	24,75		
3	Revenue less expenses. Subtract line 2 from line 1	3			86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			11.
5	Net unrealized gains (losses) on investments	5			97.
6	Donated services and use of facilities	6	4	4,2	31.
7	Investment expenses	7			- 25
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	98	1,3	25.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			orace.	Ш
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				-ti
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		1	
	consolidated basis, or both:			7,11	
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				HITE
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		. 3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		100		
	or audits, explain why in Schedule O and describe any stone taken to undergo such audits		26	x	

232012 12-10-12

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2012

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name of	tne organizat		GELES COUNTY PMENTAL SERVI	CEC E	א כוואווסי	шт⊖м				5-3374		
Part I	Reason		rity Status (All organiz				t \ See ins	tructions		3-33/4	.040	
			because it is: (For lines					tructions.				
1		•	es, or association of chui	_		-		١.				
2			70(b)(1)(A)(ii). (Attach So			.001011 170	יוטא יאראוי	/·				
3			pital service organization			170/b)/1)	(A)(iii)					
4	0		operated in conjunction					V6V4VAVi	iii) Enter	the hospital	l'e nan	na
T	city, and stat		operated in conjunction	WILLIE	spital dese	iibca iii se	ction ire	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iii). Liitoi	ine nospita	3 11411	10,
5	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	y a govern	mental un	it describ	ed in		
-		(b)(1)(A)(iv). (Comp	•	25								
6 L 7 X		_	nent or governmental un									
/ LA			ceives a substantial part	or its supp	ort from a	governme	ental unit d	or from the	e generai	public desc	nbea	ın
		(b)(1)(A)(vi). (Compl										
8	H.		section 170(b)(1)(A)(vi).									
9 🗀	_		ceives: (1) more than 33						•	_		
		·	unctions - subject to certa	•		•				_		
			taxable income (less sec	tion 511 ta	ax) from bu	sinesses	acquired b	by the orga	anization	after June 3	30, 197	75.
		509(a)(2). (Complet	•									
10 -	_		perated exclusively to te		•			•				
11 📖		-	perated exclusively for the						•			or
			ations described in secti				2). See se e	ction 509((a)(3). Ch	eck the box	that	
			g organization and compl		_			. — -				
	a ☐☐ Type				inctionally i	_				n-functional	-	_
е 📖			at the organization is not		-	-	-			-		
		-	than one or more public		_				9(a)(1) or	section 505	ı(a)(≥).	
f			itten determination from		_							
-		rganization, check t										_
g	-		organization accepted a					•			Tv	l.
			directly controls, either a								Yes	No
			supported organization?									
			on described in (i) above?									
L			a person described in (i)							11g(iii)		
h	Provide the i	ollowing information	about the supported or	ganization	(S).							
/!\ Ma	a f a una a ma a	(9) FIN	(III) Tong of considering	Viv) Is the o	organization	(v) Did vo	u notify the	(vi) Is	s the	(!!\ A		
	e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your		ion in col.	organizáti	on in col.	(vii) Amount sup		netary
org	amzanom		above or IRC section		document?		r support?	(vi) Is organizatio (i) organiz U.S	3.?	. sup	JUIL	
			(see instructions))	Yes	No	Yes	No	Yes	No			
									1 1			
						a luc						
Total							Harry Co.					

232021 12-04-12

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 DEVELOPMENTAL SERVICES FOUNDATION 95-33746 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	135,409,136.	124,587,194.	119,518,861.	119,836,715.	123,003,188.	622,355,094.
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 through 3	135,409,136.	124,587,194.	119,518,861.	119,836,715.	123,003,188.	622,355,094.
	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,						
	l (f)						
c	Public support. Subtract line 5 from line 4.						622,355,094.
	ction B. Total Support						022,335,034.
_	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	135,409,136.	124,587,194.	119,518,861.	119,836,715.	123,003,188.	622,355,094.
	Gross income from interest,	200,100,200.	201,007,201	115,510,001.	213,000,120,	120,000,100.	000,000,001.
0							
	dividends, payments received on						
	securities loans, rents, royalties	156,092.	94,551.	56,344.	37,561.	21,862.	366,410.
_	and income from similar sources	130,092.	94,001.	50,344.	27,361.	21,002.	300,410.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				00 505		00 505
	assets (Explain in Part IV.)				99,597.		99,597.
11	Total support. Add lines 7 through 10						622,821,101.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12 1	,879,133.
13	First five years. If the Form 990 is for	-	s first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
~	organization, check this box and stor	here					▶□
_	ction C. Computation of Publ						00 00
	Public support percentage for 2012 (14	99.93 %
	Public support percentage from 2011					15	99.84 %
16a	33 1/3% support test - 2012. If the d						
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2011. If the d	-		·			
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation		***********************	
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	publicly supported	d organization		> □
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization		-				s > 🔲
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

900	otion A. I ubile oupport						
Cale	ındar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
_	***************************************				-		
э	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)	namen Brink					
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6					1	
	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						
11	Add lines 10a and 10b 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 assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	first, second. thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiza	ation,
	# 1 41 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1				•		
Sec	tion C. Computation of Publi						
15	Public support percentage for 2012 (li	ine 8, column (f) di	vided by line 13. d	column (f))	90000000000000000000000000000000000000	15	%
	Public support percentage from 2011					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2012. If the						
	more than 33 1/3%, check this box an						
	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, check						
	Private foundation. If the organization						
	3 12-04-12	. GIG HOL GHEGK & L	Ori mile 14, 13	ALOI TOD, OHEOK II		edule A (Form 990	

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

LOS ANGELES COUNTY

DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number

95-3374648

Organization ty	pe (check one):
Filers of:	Section:
Form 990 or 990	-EZ
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	panization is covered by the General Rule or a Special Rule. tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ator. Complete Parts I and II.
Special Rules	
509(a)(1	ection 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% mount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
total co	ection 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, intributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or vention of cruelty to children or animals. Complete Parts I, II, and III.
contribu If this b purpose	action 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, utions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. Down is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively so, charitable, etc., contributions of \$5,000 or more during the year
but it must answ	anization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), er "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to so not meet the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
LOS ANGELES COUNTY
DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number

DEAFT	OPMENTAL SERVICES FOUNDATION	9	5-33/4648
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\frac{122,648,819.}{}	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and zir ++	\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

223452 12-21-12

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

LOS ANGELES COUNTY

DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number

95-3374648

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	2	\$	
20160 10 0	1.40	Schodula B /Farm	000 000 E7 A-000 DE\ /2012\

Transferee's name, address, and ZIP + 4

(b) Purpose of gift

(e) Transfer of gift

Relationship of transferor to transferee

(d) Description of how gift is held

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(c) Use of gift

(a) No. from

Part I

Page 4

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
		ELES COUNTY		Emp	loyer identification number
	DEVELOR	PMENTAL SERVICES	FOUNDATION		95-3374648
Pa	art I-A Complete if the or	ganization is exempt und	der section 501(c)	or is a section 527 of	rganization.
2	Provide a description of the organi Political expenditures Volunteer hours			> \$	
Pa	art I-B Complete if the or	ganization is exempt und	er section 501(c)	(3).	
	Enter the amount of any excise tax			desire -	
	Enter the amount of any excise tax				
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
	a Was a correction made?				
t	o If "Yes," describe in Part IV.				
Pa	art I-C Complete if the or	ganization is exempt und	ler section 501(c)	, except section 501	c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ction 527 exempt func	tion activities > \$	91
2	Enter the amount of the filing organ				
	exempt function activities				
3	Total exempt function expenditures			,	
4	line 17b	4400 001 6 41		\$	
	Did the filing organization file Form				
5	Enter the names, addresses and en made payments. For each organize				
	contributions received that were pr				
	political action committee (PAC). If				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

232041 01-07-13

LHA

LOS ANGELES COUNTY

	dule C (Form 990 or 990-EZ) 2012					95-	3374648 Page 2
Pa	rt II-A Complete if the or (election under se			mpt under secti	on 501(c)(3) and fil	ed Form 5768	
A C			,	T			
A C	117. 11				in Part IV each affiliated	group member's na	me, address, EIN,
B C	expenses, and sha			expenditures). nd "limited control" p	ravialana anniv		
<u> </u>					rovisions apply.	(a) Filing	(h) Affiliated areus
			bying Expe neans amoi	nditures unts paid or incurre	i.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to inf	luence put	lic opinion	grass roots lobbying			
b	Total lobbying expenditures to inf	luence a le	gislative bo	dy (direct lobbying)			
C	Total lobbying expenditures (add	lines 1a an	d 1b)	***************************************	***************************************		
d	Other exempt purpose expenditu	res					
е	Total exempt purpose expenditur	es (add line	es 1c and 1d	d) (b			
f	Lobbying nontaxable amount. En	ter the amo	unt from th	e following table in be	oth columns.		
	If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable a	mount is:		
	Not over \$500,000		20% of	the amount on line 1	е.		
	Over \$500,000 but not over \$1,00	00,000	\$100,00	00 plus 15% of the ex	cess over \$500,000.		
	Over \$1,000,000 but not over \$1,	500,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
	Over \$1,500,000 but not over \$17						
	Over \$17,000,000		\$1,000,	000.			
	Grassroots nontaxable amount (e						
	Subtract line 1g from line 1a. If ze						
	Subtract line 1f from line 1c. If zer						
j	If there is an amount other than ze						
	reporting section 4911 tax for this	year?					Yes No
	10			eraging Period Unde			
					on do not have to comp les 2a through 2f on pa		
_							
		Lobi	ying Expe	naitures During 4-Yo	ear Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2	2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
_2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount						
	(150% of line 2a, column(e))						
c	Total lobbying expenditures						
	Commence of the contract of th						
	Grassroots nontaxable amount				-		
е	Grassroots ceiling amount (150% of line 2d, column (e))		= = =				
	(10070 Of fille 2d, COMITH (E))						

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 DEVELOPMENTAL SERVICES FOUNDATION 95-337464

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(b)
of th	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а			x		
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		х		
d	Mailings to members, legislators, or the public?	X		2	,500.
	Publications, or published or broadcast statements?		Х		2,4 1,2 7,0 7,111,11
	Grants to other organizations for lobbying purposes?		X		
g			Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		Х		
ĵ	Total. Add lines 1c through 1i			2	,500.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	= T #			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)	(5), or sec	tion	
	001(0)(0).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			100	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		4	III-A, IIn	e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year				
C	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		-
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and proposed the proposed to the carryover to the reasonable estimate of nondeductible lobbying and proposed the proposed to the carryover to the reasonable estimate of nondeductible lobbying and proposed to the carryover to the reasonable estimate of nondeductible lobbying and proposed to the carryover to the reasonable estimate of nondeductible lobbying and proposed to the carryover to the reasonable estimate of nondeductible lobbying and proposed to the carryover to the reasonable estimate of nondeductible lobbying and proposed to the carryover to the reasonable estimate of nondeductible lobbying and proposed to the carryover to the reasonable estimate of nondeductible lobbying and proposed to the carryover to the reasonable estimate of nondeductible lobbying and proposed to the carryover to the reasonable estimate of nondeductible lobbying and proposed to the carryover to the reasonable estimate of nondeductible lobbying and proposed to the carryover to the reasonable estimate of nondeductible lobbying and proposed to the carryover t	olitical			
E	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)				
Par			5		
	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Par Part II-B, line 1. Also, complete this part for any additional information.	rt II-A (affilia	ated group lis	st); Part II-/	A, line 2;

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization

LOS ANGELES COUNTY

DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number 95-3374648

Pa	rt I Organizations Maintaining Donor Advised Funds or O	ther Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor	advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the as	sets held in donor advis	sed funds
	are the organization's property, subject to the organization's exclusive legal co	ontrol?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing		
	for charitable purposes and not for the benefit of the donor or donor advisor, or	or for any other purpose	conferring
	impermissible private benefit?	***************************************	Yes No
Pa	rt II Conservation Easements. Complete if the organization answer	ed "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that	apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	**************************************		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure included in		
d	Number of conservation easements included in (c) acquired after 8/17/06, and	not on a historic structe	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguish	ed, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring,		
			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing col		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conserv		
8	Does each conservation easement reported on line 2(d) above satisfy the requ		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in i	· ·	
	include, if applicable, the text of the footnote to the organization's financial sta	tements that describes	the organization's accounting for
Dai	conservation easements. rt III Organizations Maintaining Collections of Art, Historic	ol Transuras an O	ther Cimilar Assets
1 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	보았는 이 있다면서보면 하나 하면서 바람이 그 때문다.	ther Similar Assets.
4-			
Id	If the organization elected, as permitted under SFAS 116 (ASC 958), not to rep		
	historical treasures, or other similar assets held for public exhibition, education	, or research in furtheral	nce of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that describes these items.	:- 'h	
b	3		
	treasures, or other similar assets held for public exhibition, education, or resea	rch in furtherance of put	blic service, provide the following amounts
	relating to these items:		•
	(i) Revenues included in Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other si		ı gam, provide
_	the following amounts required to be reported under SFAS 116 (ASC 958) relatives used included in Form 200. Root VIII. line 1.		•
a	Revenues included in Form 990, Part VIII, line 1		
Ø	Assets included in Form 990, Part X	***************************************	> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12:10-12

Schedule D (Form 990) 2012

-		MENTAL SER						8 Page 2
Pai	rt III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Simila	ar Asse	ts/contir	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant ı	use of its	collectio	n items
	(check all that apply):		Wa					
а	Public exhibition	d	I ☐ Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of		-	-				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	☐ No
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa			¥01				
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part XIII							
			-				Amount	1
С	Beginning balance				1c			
d	Additions during the year				1d			
	Distributions during the year							
f	Ending balance					75.11.74.00		745
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			LX	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.					*******		X
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	559,979.	552,827.	462,048.	4	13,467.		497,367.
b	Contributions	187,750.	31,237.	650.		250.		261.
	Net investment earnings, gains, and losses	75,756.	-24,085.	90,129.		48,331.		-84,161.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	823,485.	559,979.	552,827.	4	62,048.		413,467.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	i)) held as:		7		
а	Board designated or quasi-endowment	22.00	%					
b	Permanent endowment ► 36.00	%						
С	Temporarily restricted endowment ▶ 4	2.00 %						
	The percentages in lines 2a, 2b, and 2c shou							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organiz	ation	-	
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipm	ient. See Form 990	, Part X, line 10.					
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) A	Accumulate	d T	(d) Book	value
		basis (investr	nent) basis	(other) de	epreciation			
1a	Land	201						
	Buildings							
	Leasehold improvements	A CONTRACTOR OF THE PROPERTY O						
	Equipment							
e	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	O(c).)		D		0.

Schedule	D	(Form	990)	2012

DEVELOPMENTAL	SERVICES	FOUNDATION

Part VII Investments - Other Securities. See	Form 990, Part X, line 12.		MACCO
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) POOLED INVESTMENT FUNDS	823,485.	END-OF-YEAR MARK	ET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	823,485.		
Part VIII Investments - Program Related. See	e Form 990, Part X, line 13	3.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 1	5.		
	escription		(b) Book value
(1)		=	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>
Part X Other Liabilities. See Form 990, Part X, lin	ne 25.		
1. (a) Description of liability	(t	o) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)		# I I I I I I I I I I I I I I I I I I I	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text		anization's financial statements that	reports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

5	_ 3	13	7	4	6	4	8	Page 4
~	-	, .,	•	_	v	7	v	123(3H)

	rt XI Reconciliation of Revenue per Audited Financial Statements With			n Page 4
1	Total revenue, gains, and other support per audited financial statements			124,969,980.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	1 1	65,797.		
b			8	
С				
d	Other (Describe in Part XIII.)			
е			2e	65,797.
3	Subtract line 2e from line 1	********************		124,904,183.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	***************************************		
а	1 1	0	156	
b	Other (Describe in Part XIII.) 4b			
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	124,904,183.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements Wit	h Expenses per		
1	Total expenses and losses per audited financial statements		1	124,709,366.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		H	
а	Donated services and use of facilities			
b	Prior year adjustments 2b			
С				
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	124,709,366.
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			
b	Other (Describe in Part XIII.)	44,231.		
	Add lines 4a and 4b		4c	44,231.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	124,753,597.
Par	rt XIII Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1	b and	2b; Part V, line 4; Part

X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART IV, LINE 2B: THE FOUNDATION FUNCTIONS AS A CUSTODIAN FOR THE

RECEIPT OF CERTAIN GOVERNMENTAL PAYMENTS AND RESULTING DISBURSEMENTS MADE ON BEHALF OF THE REGIONAL CENTER CLIENTS. A LARGE MAJORITY OF THE CLIENT SUPPORT RECEIVED COMES FROM SOCIAL SECURITY. THE FUNDS ARE DISBURSED FOR RESIDENTIAL CARE AND OTHER EXPENSES RELATED TO THE CARE OF THE SPECIFIC CLIENTS OF THE REGIONAL CENTER.

PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS WERE ESTABLISHED TO

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)
SUPPORT THE MISSION OF THE FOUNDATION.
PART X, LINE 2: THE FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT
BENEFIT OF TAX POSITIONS, SUCH AS THE FILING STATUS OF TAX-EXEMPT, ONLY
AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN
NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE FOUNDATION IS SUBJECT TO
POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION
IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL AND
CALIFORNIA PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
CLIENT HELP FUND NON CASH CONTRIBUTIONS 44,231.
SUPPLEMENTAL INFORMATION:
PART V, LINE 3A(I): THE FOUNDATION'S ENDOWMENT FUND IS HELD AND
ADMINISTERED BY THE CALIFORNIA COMMUNITY FOUNDATION, AN UNRELATED
ORGANIZATION.

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public OMB No. 1545-0047

Inspection

2 | Employer identification number 95-3374648 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table DEVELOPMENTAL SERVICES FOUNDATION (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table LOS ANGELES COUNTY General Information on Grants and Assistance criteria used to award the grants or assistance? (p) EIN 1 (a) Name and address of organization or government Name of the organization Part Part II

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

Schedule I (Form 990) (2012)

Page 2

DEVELOPMENTAL SERVICES FOUNDATION

Schedule I (Form 990) (2012)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance CLIENTS OF LANTERMAN REGIONAL PROVIDE CLOTHES, FOOD, TOYS, IND OTHER ASSISTANCE TO THE SIFTS, LIVING/RENTAL HELP. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) 231. FAIR MARKET VALUE THE I, LINE 2: ASSISTANCE IS PROVIDED TO RESIDENTS OF (d) Amount of non-cash assistance 0 0 ö 44 0 30,163,700 571 53,395,690, (c) Amount of cash grant 25,170, 8548 8548 8548 1387 (b) Number of recipients OTHER SERVICES: BEHAVIORAL MANAGEMENT, MEDICAL, IN HOME RESPITE AND SUPPORTED (a) Type of grant or assistance PART LIVING OUT OF OWN HOME SCHEDULE I, CLIENT HELP FUND TRANSPORTATION, LIVING SERVICES DAY PROGRAMS Part IV

THE ENTITY KEEPS CALIFORNIA WHO HAVE DEVELOPMENTAL DISABILITIES. STATE OF

CONFIDENTIAL FILES ON EACH OF ITS CLIENTS.

THE ORGANIZATION IS AUDITED BY

CALIFORNIA'S DEPARTMENT OF DEVELOPMENTAL SERVICES AND ALSO Q. STATE THE

ENSURE COMPLIANCE οĹ CMS STAFF FROM FEDERAL $\mathbf{B}\mathbf{Y}$ REVIEWED

TOYS, FOOD CLOTHES DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE (년)

QF CLIENTS AND OTHER ASSISTANCE TO THE HELP, GIFTS, LIVING/RENTAL

29

SEE PART IV FOR COLUMN (F) DESCRIPTIONS

232102 12-18-12

Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Attach to Form 990.

LOS ANGELES COUNTY

DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number 95-3374648

Pa	art I Questions Regarding Compensation			
_			Yes	No
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 Housing allowance or residence for personal use			# 1
	Travel for companions Payments for business use of personal residence	1=-		#1.
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			=====
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
		1 # -		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	=:##	- 111	
	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?	2		
•		11-11		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X 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, with respect to the filing			
	organization or a related organization:	-		
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
	Participate in, or receive payment from, an equity-based compensation arrangement?			X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	6 二	-	
	contingent on the revenues of:			
а	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:			37
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.		3	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			х
_	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			x
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	_	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958·6(c)?	9		

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

Schedule J (Form 990) 2012

LOS ANGELES COUNTY

DEVELOPMENTAL SERVICES FOUNDATION

Schedule J (Form 990) 2012 DEVELOPMENTAL SERVICES FOUNDATION 95-3374648

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	plq	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(i)(B)	reported as deferred in prior Form 990
(1) DIANE ANAND EXECUTIVE DIRECTOR	0	189,434.	0.0	7,337.	20,900.	2,102.	219,773.	0
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Schedule J (Form 990) 2012

LOS ANGELES COUNTY

DEVELOPMENTAL SERVICES FOUNDATION

95-3374648

Page 3 Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J (Form 990) 2012

Part III | Supplemental Information

33

Schedule J (Form 990) 2012

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Open To Public Inspection

DEVELOPMENTAL SERVICES FOUNDATION

Part I Frees Benefit Transactions (section 501(a)(4) and section 501(a)(4) arganize

LOS ANGELES COUNTY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Employer identification number 95-3374648

(a) Name of diamondist -	(b) F	elationship bet	ween	disqual	lified .) Description - 51				(d)	Corre	ctec
(a) Name of disqualified	person	ation	(0	e) Description of tran	nsactio	on ———	Yes		No			
				-						-	_	
										+	-	_
										+	\dashv	
			-						-	+	-	
Enter the amount of tax section 4958					qualified persons du			▶ \$				
Enter the amount of tax								> \$				
rt II Loans to ar	nd/or From Int	erested Per	sons	· ·								
Complete if the	organization answ	ered "Yes" on	Form	990-EZ	, Part V, line 38a or F	orm 990, Part IV, lir	ne 26;	or if th	ne orga	nizati	on	
	ount on Form 990 (b) Relationship						_		VIST ANY	navar		
(a) Name of interested person	with organization	(c) Purpose of loan	fror	oan to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) App by boo comm	ard or ittee?	(i) W agree	ritte mer
			То	From			Yes	No	Yes	No	Yes	N
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t III Grants or A	ssistance Ben	efiting Inte	reste	d Per	**************************************					1111	1 33	
	organization answ											
(a) Name of interested) Relationship			(c) Amount of	(d) Type	of	T	(e)	Puro	ose of	
(-,		interested pers	son an	id	assistance	assistan				ssista		
		the organiza	ation									
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Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012 DEVELOPMENTAL SERVICES FOUNDATION 95-3374648 Page 2 Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (a) Name of interested person (d) Description of (c) Amount of organization's person and the organization transaction transaction revenues? Yes No VILLA ESPERANZA BOARD MEMBER AND 2,290,720.VILLA ESPER X Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: VILLA ESPERANZA (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER AND CHIEF EXECUTIVE OFFICER OF VILLA ESPERANZA SERVICES (D) DESCRIPTION OF TRANSACTION: VILLA ESPERANZA SERVICES PROVIDES RESIDENTIAL SERVICES, DAY PROGRAMS, INDEPENDENT LIVING, AND OTHER SUPPORTIVE PROGRAMS. IT IS A REQUIREMENT OF THE LANTERMAN ACT THAT THE BOARD OF A REGIONAL CENTER INCLUDES ONE VENDOR REPRESENTATIVE.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

LOS ANGELES COUNTY
DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number 95-3374648

K	
FORM 990, PART III, LINE 4A, PRO	GRAM SERVICE ACCOMPLISHMENTS:
OPTIONS, SUPPORTED WORK AND VOCA	TIONAL PROGRAMS, ADVOCACY, TRAINING AND
EDUCATIONAL OPPORTUNITIES, AND C	THER SUPPORT SERVICES FOR CONSUMERS AND
FAMILIES.	
INTAKE	719,019
SERVICE COORDINATION	9,776,787
PROGRAM DEVELOPMENT	410,869
MONITORING AND EVALUATION	566,498
CLINICAL SERVICES	988,297
FAMILY SUPPORT	405,303
TRAINING AND DEVELOPMENT	249,010
LEGAL SERVICES	105,828
CONSUMER BENEFITS COORDINATION	239,673
LIVING OUT OF OWN HOME	30,163,700
DAY PROGRAMS	25,170,571
OTHER PURCHASED SERVICES	53,138,462
D = 1/2	
TOTAL PROGRAM SERVICES	121,934,017
THE FOUNDATION SERVED 8,548 PERS	ONS WITH DEVELOPMENTAL DISABILITIES
DURING THE YEAR.	

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

ADMINISTRATIVE AFFAIRS COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO ITS FINALIZATION. THE TAX RETURN WITH ANY NECESSARY CHANGES IS THEN APPROVED BY THE BOARD OF DIRECTORS AFTER RECOMMENDATIONS BY THE COMMITTEE. THE FINAL COPY OF THE FORM 990 IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: IF A POTENTIAL OR PRESENT CONFLICT
OF INTEREST IS IDENTIFIED FOR A REGIONAL CENTER EMPLOYEE THAT CANNOT BE
ELIMINATED, THE REGIONAL CENTER SHALL, WITHIN 30 DAYS OF RECEIPT OF THE
STATEMENT, SUBMIT TO THE DEPARTMENT A COPY OF THE CONFLICT-OF-INTEREST
STATEMENT AND A PLAN THAT PROPOSES MITIGATION MEASURES, INCLUDING
TIMEFRAMES AND ACTIONS THE REGIONAL CENTER OR THE EMPLOYEE, OR BOTH, WILL
TAKE TO MITIGATE THE CONFLICT OF INTEREST. IF A PRESENT OR POTENTIAL
CONFLICT OF INTEREST IS IDENTIFIED FOR A REGIONAL CENTER DIRECTOR OR A
BOARD MEMBER THAT CANNOT BE ELIMINATED, THE REGIONAL CENTER GOVERNING BOARD
SHALL, WITHIN 30 DAYS OF RECEIPT OF THE STATEMENT, SUBMIT TO THE DEPARTMENT
AND THE STATE COUNCIL A COPY OF THE CONFLICT-OF-INTEREST STATEMENT AND A
PLAN THAT PROPOSES MITIGATION MEASURES, INCLUDING TIMEFRAMES AND ACTIONS
THE REGIONAL CENTER GOVERNING BOARD OR THE INDIVIDUAL, OR BOTH, WILL TAKE
TO MITIGATE THE CONFLICT OF INTEREST.

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

COMPENSATION IS DETERMINED THROUGH INDEPENDENT REVIEW AND APPROVAL BY THE

BOARD OF DIRECTORS. WHEN APPROPRIATE, COMPENSATION STUDIES, CONSULTATION

WITH INDEPENDENT COMPENSATION SPECIALISTS, AND PERFORMANCE REPORTS ARE

UTILIZED.

FORM 990, PART VI, SECTION C, LINE 19: THE ENTITY MAKES ITS GOVERNING

232212

Schedule O (Form 990 or 990-

Employer identification number 95-3374648

DOCUMENTS, ITS FORM 990, AND ITS DETERMINATION LETTER AVAILABLE UPON REQUEST AT ITS OFFICE.

FORM 990 - RESTATEMENT

CERTAIN AMOUNTS REPORTED ON THE BALANCE SHEET, STATEMENT OF REVENUES,

AND STATEMENT OF FUNCTIONAL EXPENSES OF THE JUNE 30, 2012 FORM 990 HAVE

BEEN CHANGED TO REFLECT CHANGES MADE IN THE RESTATED FINANCIAL

STATEMENTS. THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2012

HAVE BEEN RESTATED TO CORRECT THE RECORDING OF A CASH TRANSFER OF

\$31,237 AS AN EXPENSE, WHICH OVERSTATED OTHER PURCHASED SERVICES

EXPENSE BY \$31,237 AND UNDERSTATED CASH AS OF JUNE 30, 2012 BY \$31,237.

THE RESTATEMENT INCREASED CASH AND NET ASSETS AS OF JUNE 30, 2012 BY

\$31,237, AND DECREASED EXPENSE AND INCREASED THE CHANGE IN NET ASSETS

BY \$31,237 FOR THE YEAR ENDED JUNE 30, 2012.

CERTAIN AMOUNTS REPORTED ON THE BALANCE SHEET OF THE JUNE 30, 2012 FORM

990 HAVE BEEN CHANGED ON THE CURRENT FORM 990 TO REFLECT A CLIENT TRUST

CASH DEPOSIT NOT ORIGINALLY RECORDED ON THE BOOKS AS OF JUNE 30, 2012,

BUT REFLECTED IN THE FINAL AUDITED FINANCIAL STATEMENTS. SINCE THE

DEPOSIT RELATED ONLY TO THE CLIENT TRUST ACCOUNTS, ASSETS WERE

INCREASED BY \$406,020 AND LIABILITIES WERE INCREASED BY THE SAME

AMOUNT, WITH NO IMPACT ON REVENUES, EXPENSES, OR NET ASSETS.

FORM 990, PART 1, 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

232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

**** THIS IS NOT A FILEABLE COPY ****

IRS e-fileSignature Authorization for an Exempt Organization

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

OMB No. 1545-1878

Department of the Treasury

Do not send to the IRS. Keep for your records.

2	0	1	2

Name of exempt organization	Employer identification number
LOS ANGELES COUNTY	
DEVELOPMENTAL SERVICES FOUNDATION	95-3374648
Name and title of officer	
DIANE ANAND EXEC DIR	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any,	from the voture of you should the how
on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blan whichever is applicable, blank (do not enter ·0·). But, if you entered ·0· on the return, then enter ·0· on the application 1 line in Part I. 1a Form 990 check here	able line below. Do not complete more 1b 124904183 2b 3b 4b 5b Dopy of the organization's 2012 by are true, correct, and complete. I be return. I consent to allow my to the IRS and to receive from the IRS coessing the return or refund, and (c) an electronic funds withdrawal (direct inization's federal taxes owed on this is. Treasury Financial Agent at ital institutions involved in the and resolve issues related to the
organization's consent to electronic funds withdrawal.	
Officer's PIN: check one box only	
X authorize WINDES, INC.	to enter my PIN 24166
ERO firm name	Enter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating cl program, I will enter my PIN on the return's disclosure consent screen.	authorize the aforementioned ERO to 12 electronically filed return. If I have
Officer's signature ► **** THIS IS NOT A FILEABLE COPY *** Date ►	em
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filling identification	
number (EFIN) followed by your five-digit self-selected PIN. 3375592416	
I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me-file Providers for Business Returns.	the organization indicated above. I
ERO's signature ▶ Date ▶	
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form To the IRS Unless Requested To I	Jo So

LHA For Paperwork Reduction Act Notice, see instructions. 223051 11-05-12

Form **8879-EO** (2012)

Form **990**

232001 12-10-12

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2012
Open to Public Inspection

JUL 1, 2012 and ending JUN 30, 2013 A For the 2012 calendar year, or tax year beginning D Employer identification number C Name of organization Check If applicable: LOS ANGELES COUNTY Address change DEVELOPMENTAL SERVICES FOUNDATION Name change FRANK D. LANTERMAN REGIONAL CE 95-3374648 Doina Business As Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 213-383-1300 Termin-ated 3303 WILSHIRE BLVD. 700 Amended 124,904,183. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-LOS ANGELES, CA 90010 H(a) Is this a group return pending F Name and address of principal officer:DIANE C. ANAND Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? __Yes L Tax-exempt status: X 501(c)(3) 4947(a)(1) or) (insert no.) If "No." attach a list. (see instructions) J Website: ► WWW.LANTERMAN.ORG H(c) Group exemption number ▶ L Year of formation: 1979 M State of legal domicile: CA K Form of organization: X Corporation Association Other > Part I Summary ASSIST PERSONS WITH Briefly describe the organization's mission or most significant activities: TO Activities & Governance DEVELOPMENTAL DISABILITIES Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 186 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 70 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7b b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 123,003,188. 119,836,715. Contributions and grants (Part VIII, line 1h) Revenue 1,879,133. 0. Program service revenue (Part VIII, line 2g) 37,561. 21,862. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 99,597. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 119,973,873. 124,904,183. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 104,484,895. 108,774,192. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 11,743,395. 12,091,380. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,888,025. 3,747,325. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 119,975,615. 124,753,597. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,742.150,586. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 16,011,610. 15,123,908. 20 Total assets (Part X, line 16) 15,030,285. 14,403,197. Total liabilities (Part X, line 26) 720,711. 981,325. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than other) is based on all information of which preparer has any knowledge. Date Signature of officer Sign DIANE C. ANAND DIR. Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature P00286656 Pald DONITA M. JOSEPH 95-3001179 Firm's name WINDES, Firm's EIN Preparer Firm's address P.O. BOX 87 Use Only Phone no. (562)435-1191LONG BEACH, CA 90801-0087 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2012)

Par	till Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO ENABLE PEOPLE WITH DEVELOPMENTAL DISABILITIES TO LIVE FULL,
	PRODUCTIVE, AND SATISFYING LIVES AS ACTIVE MEMBERS OF THEIR
	COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ? Yes X No
	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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 122,009,487. Including grants of \$108,774,192.) (Revenue \$1,879,133.)
	THE ENTITY WAS ORGANIZED IN ACCORDANCE WITH THE PROVISIONS OF THE
	LANTERMAN DEVELOPMENTAL DISABILITIES SERVICES ACT OF THE WELFARE AND INSTITUTIONS CODE OF CALIFORNIA. IN ACCORDANCE WITH THE ACT, THE ENTITY
	WORKS IN PARTNERSHIP WITH PEOPLE WITH DEVELOPMENTAL DISABILITIES, THEIR
	FAMILIES, LOCAL COMMUNITIES, SERVICE PROVIDERS, AND THE GOVERNMENT. ITS
	MISSION IS TO ENABLE PERSONS WITH DEVELOPMENTAL DISABILITIES TO LIVE
	INDEPENDENT, PRODUCTIVE, AND SATISFYING LIVES IN THEIR COMMUNITY; THE
	ENTITY ALSO STRIVES TO LESSEN DEVELOPMENTAL DELAYS IN INFANTS AND YOUNG
	CHILDREN, AND MINIMIZE THE RISK OF DEVELOPMENTAL DISABILITIES. AMONG
	THE SERVICES AND SUPPORT 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 \$
40	(Code:) (Expenses \$
	-
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ Including grants of \$) (Revenue \$)
4e	Total program service expenses ► 122,009,487.
	Form 990 (2012)

LOS ANGELES COUNTY DEVELOPMENTAL SERVICES FOUNDATION

Form 990 (2012)

Page 3

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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, for escrow or custodial account liability; 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	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	Х	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		,,	
	Schedule D, Parts XI and XII	12a	Х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			Х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Λ
15		15		Х
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	10		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		-
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Page 4

LOS ANGELES COUNTY Form 990 (2012) DEVELOPMENTAL SERV Part IV Checklist of Required Schedules (continued) DEVELOPMENTAL SERVICES FOUNDATION

95-3374648

8000000	William Tring and Control of the Con		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		163	140
-1	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	0.7777.00000	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
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, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2012

232004 12-10-12

LOS ANGELES COUNTY DEVELOPMENTAL SERVICES FOUNDATION

Par	Check if Schedule O contains a response to any question in this Part V	ance				
_	Chook in Contoacid C Contains a respense to any question in the rank v		******************************		Yes	No
1a	1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		343			
	District the state of the state		rtable gaming			
	(gambling) winnings to prize winners?			1c	Х	,00000000000000000000000000000000000000
2a	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Ta					
	filed for the calendar year ending with or within the year covered by this return		a 186			
b	b If at least one is reported on line 2a, did the organization file all required federal en			2b	X	1000000000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fi					
3a	3a Did the organization have unrelated business gross income of \$1,000 or more duri			3a		X
	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in S			3b		
4a	4a At any time during the calendar year, did the organization have an interest in, or a	signature or other aut	hority over, a			
	financial account in a foreign country (such as a bank account, securities account			4a		X
b	b If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign B	ank and Financial Acc	ounts.			
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time du	ring the tax year?		5a		<u>X</u>
b	b Did any taxable party notify the organization that it was or is a party to a prohibited	d tax shelter transaction	n?	5b		X
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	6a Does the organization have annual gross receipts that are normally greater than \$					١
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	b If "Yes," did the organization include with every solicitation an express statement	hat such contribution	s or gifts			
	were not tax deductible?			6b		88888888888
7						v
а					_	X
	b If "Yes," did the organization notify the donor of the value of the goods or services			7b	_	
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property					x
	to file Form 8282?			7c		
	d If "Yes," indicate the number of Forms 8282 filed during the year			7e		Х
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a			7f		X
f				7g	N/	
9	 If the organization received a contribution of qualified intellectual property, did the If the organization received a contribution of cars, boats, airplanes, or other vehicle 			7h	N/	
8		ing organizations. Did t	ne supporting N/A			
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess	business holdings at any	time during the year?	8	********	*********
9		basinoss notanigs at any	time same the june			
а	District the second of the sec		N/A	9a	,,,,,,,,,,,,	
	b Did the organization make a distribution to a donor, donor advisor, or related pers			9b		
	10 Section 501(c)(7) organizations. Enter:		14			
а	the state of the state of the state of the Death VIII. He and O	N/A 1	Da			
b		ities1	ОБ			
11			4.			
а	a Gross income from members or shareholders	N/A 1	1a			
b	b Gross income from other sources (Do not net amounts due or paid to other source	es against				
	amounts due or received from them.)		1b			
	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form		41?	12a		
b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the y	ear N/A 1	2b	-		
13	13 Section 501(c)(29) qualified nonprofit health insurance issuers.		/-			
а			N/A	13a		
	Note. See the instructions for additional information the organization must report	on Schedule O.				
þ			. 1			
	organization is licensed to issue qualified health plans	63.730	3b	-		
C			3c			Х
14a	14a Did the organization receive any payments for indoor tanning services during the	tax year?		14a		
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an exp	anation in Schedule C		14b	1	

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

	Check if Schedule O contains a response to any question in this Part VI					X					
Sec	tion A. Governing Body and Management										
		SII. 9	-		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	pody delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent										
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?										
3											
	of officers, directors, or trustees, or key employees to a management company or other person?										
4											
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X					
6	Did the organization have members or stockholders?			6		<u>X</u>					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or								
	more members of the governing body?			7a		<u>X</u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or								
	persons other than the governing body?			7b		_X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:								
а	The governing body?	********	**********	8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached a	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	Code.)								
					Yes	No					
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such of										
	and branches to ensure their operations are consistent with the organization's exempt purposes? $$			10b							
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a	X	***************************************					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				.,						
	in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approve		dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			0.555							
	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization			15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					• • • • • • • • • • • • • • • • • • •					
	taxable entity during the year?			16a		<u>X</u>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga										
_	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure				_						
17	List the states with which a copy of this Form 990 is required to be filed CA				_						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	· I (Sect	ion 501(c)(3)s only)	avallab	le						
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain			1.5							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy, an	d finar	cial						
	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organiza	tion:							
	BARRY LONDER - 213-252-4940	0010									
23200		0010		-							

LOS ANGELES COUNTY

Form 990 (2012)

DEVELOPMENTAL SERVICES FOUNDATION

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

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

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

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

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

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
Traine and trib	hours per	box	unle	ss pe	rson i	than	h an	compensation	compensation	amount of
	week (list any		cer an	id a d	irecto	r/trus	tee)	from the	from related organizations	other compensation
	hours for	trustee or director	92			ated		organization	(W-2/1099-MISC)	from the
	related	rstee	fruste		85	Suadı		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ayoldr S	t con	L			and related organizations
	line)	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) MARK HIGGINS	2.00	Ī		Ŭ	_		Ť			
PRESIDENT		X		Х				0.	0.	0
(2) MARJORIE HELLER	2.00									
TREASURER		X		X				0.	0.	0
(3) DR. ANILA GURUJI	2.00									
SECRETARY		X		X				0.	0.	0
(4) LARRY DEBOER	2.00									
DIRECTOR		X				_		0.	0.	0
(5) HOWARD MCBROOM	2.00									_
DIRECTOR		X						0.	0.	0
(6) ZULMA MENA	2.00							0	_	_
DIRECTOR	0.00	Х			_			0.	0.	0
(7) LOUIS MITCHELL	2.00	١,,						0.	0.	0
DIRECTOR	2 00	X	_	┝		-	_	U.	0.	U
(8) BRIAN NEWKIRK	2.00	X						0.	0.	0
DIRECTOR	2.00	^	_	┢	-	-	_	0.	0.	0
(9) DINA RICHMAN	2.00	X						0.	0.	0
DIRECTOR	2.00	A			-			· ·	0.	0
(10) EDUARDO SOLIS DIRECTOR	2.00	x						0.	0.	0
(11) ANA VILLASENOR	2.00	1.								
DIRECTOR		X						0.	0.	0
(12) KELLY WHITE	2.00									
DIRECTOR		X						0.	0.	0
(13) DIANE ANAND	40.00									
EXECUTIVE DIRECTOR		1_		X				196,771.	0.	23,002
(14) PATRICK R. AULICINO	40.00									
ASSOC DIR ADMIN SERVICES						X		118,049.	0.	19,062
(15) MELINDA SULLIVAN	40.00									
ASSOC DIR PROGRAM AND SERV						X		103,904.	0.	29,975
					_	-				
		-								
							_			Farm 000 (201

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(A) (B) (C) (D) (E)										(F)	
Name and title	Average	(do			ition more	than	one	Reportable	Reportable		Estimated	
	hours per	box	, unles	ss pe	rson	is bot	h an	compensation	compensation	۱	amount of	
	week (list any	_	00, 4,1				100,	from the	from related organizations	. .	other compensation	
	hours for	diac				- G		organization	(W-2/1099-MIS	- 1	from the	
	related	lo ag	ustee			ensat		(W-2/1099-MISC)	•		organization	
	organizations below	lat ta	onal t		loyee	E COM					and related	
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former				organizations	
-												
<u> </u>												
3												
										_		
7					_		_					
(-			H		-			-		
		1										
		H	H		H							
7					Π							
2					_					_	TO 000	
1b Sub-total								418,724.		0.	72,039.	
c Total from continuation sheets to Part V								0. 418,724.		0.	72,039.	
d Total (add lines 1b and 1c)			****	*****		_	_		000 - f		12,039.	
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	vod	e) WI	no r	eceived more than \$100	,000 of reportable	е	3	
compensation from the organization		_	_	_	_						Yes No	
3 Did the organization list any former officer	director or tri	uste	e ke	eV AI	mpla	ovee	. or	highest compensated e	mplovee on			
line 1a? If "Yes," complete Schedule J for s											3 X	
4 For any individual listed on line 1a, is the si												
and related organizations greater than \$15											4 X	
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son					5 X	
Section B. Independent Contractors				_								
Complete this table for your five highest co	ompensated in	dep	ende	ent d	cont	racto	ors 1	that received more than	\$100,000 of com	pensat	ion from	
the organization. Report compensation for	the calendar	ear	end	ing i	with	or w	/ithir		year.		(C)	
(A) Name and business	address							(B) Description of s	services	Coi	mpensation	
MAJOR & LYNN LEWIS		_	-			_		RESIDENTIAL			<u> </u>	
PO BOX 48470, LOS ANGELE	S. CA 9	00	48				1	PROGRAM SERV		1,	849,233.	
SIERRA MADRE LEARNING CE	NTER TO	TA.	L]	PR	OG	RA						
370 W. SIERRA MADRE #B,	SIERRA	MA:	DR!	Ε,	C	A	91	COMMUNITY IN	TEGRATIO	1,	543,303.	
LYNN & DARLA SUPPORTED L								SUPPORTED LI				
3919 W. MAGNOLIA BLVD.,	BURBANK	,	CA	9	<u>15</u>	05	_	SERVICES		1,	219,842.	
PACIFIC CHILD AND FAMILY	, 505 N	•	BR	AN.	D		- 1	BEHAVIOR			504 OF 5	
BLVD. #1000, GLENDALE, C				_	_			INTERVENTION			724,257.	
MODERN SUPPORT SERVICES,		^						SUPPORTED AN			602 660	
PO BOX 10365, GLENDALE,				_				INDEPENDENT		000000000000000000000000000000000000000	692,668.	
2 Total number of independent contractors (including but r	not i	ımite	ed to	the	se li	stec	d above) who received r	nore than			

232008 12-10-12

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58

\$100,000 of compensation from the organization

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STATE OF THE PARTY OF		Check if Schedule O conta	ains a response	to any question in		(D)	(0)	(D)
				A CAMPAGE AND A	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
2 1	a	Federated campaigns	1a			100 000 000 000 000 000 000 000 000 000		
٥		Membership dues	7.5555-28.75-			Strain 10 1		
Ž		Fundraising events						
and Other Similar Amounts	d	Related organizations	1d			10 10 10 10 10 10 10 10 10 10 10 10 10 1		
Ē	е	Government grants (contributi	ions) 1e	122,648,819.		1000 E		
2	f	All other contributions, gifts, grant	ts, and			Section 1		
ξ		similar amounts not included above	ve 1f	354,369.				
١٥	g	Noncash contributions included in lines	1a-1f: \$					0.000 0.000
ō	h	Total. Add lines 1a-1f		200	123,003,188.			<u> </u>
				Business Code				
2	а	ICF SUPPL SVS INCOME		900099	1,879,133.	1,879,133.		
<u>a</u>	þ							
إةِ <u>ا</u>	С							
ž	d			-				
Kevenue 2	e	All Al		-				
		All other program service reve			1,879,133.			0.0000000000000000000000000000000000000
3	9	Total. Add lines 2a-2f			1,075,133.			
3		other similar amounts)			21,862.			21,862
4		income from investment of ta			,			
5		Royalties						
"		Hoyanies	(i) Real	(ii) Personal		20000000 000000		
6	а	Gross rents	(0.1300)			0000 000000000000000000000000000000000	50.500 50.500 50.500	
		Less: rental expenses			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	200,000		
		Rental income or (loss)			100000 100000	100 mm		
		Net rental income or (loss)		>				
7	а	Gross amount from sales of	(i) Securities	(ii) Other	1000			
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses				100		
	С	Gain or (loss)			AND 2000	0.000		
	d	Net gain or (loss)						
, 8	а	Gross income from fundraisin	g events (not		57			
		including \$	of			200 CO		
<u> </u>		contributions reported on line	1c). See		3000			
;		Part IV, line 18						
;		Less: direct expenses				100		
		Net income or (loss) from fund						
9	а	Gross income from gaming ac				0.000000000000000000000000000000000000		
		Part IV, line 19				- +0.000 - 1.000		
		Less: direct expenses						
1.0		Net income or (loss) from gar						
10	а	Gross sales of inventory, less						100000000000000000000000000000000000000
	L	and allowances Less: cost of goods sold						
		7.00						**************************************
	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
11	2							
1''	b							
	2							
UI.	Ĭ.	All other revenue						
	~	THE OTHER POPULATION						
	a	Total. Add lines 11a-11d						

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (A) (B) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 3,500. 3,500. organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in 108,770,692.108,770,692. the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 217,524. 217,524. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 9,580,327. 8,206,718. 1,373,609. Other salaries and wages Pension plan accruals and contributions (include 996,144. 854,280. 141,864. section 401(k) and 403(b) employer contributions) 1,116,527. 939,631. 176,896. Other employee benefits 151,595. 180,858. 29,263. Payroll taxes 10 Fees for services (non-employees): a Management 214,695. 214,695. **b** Legal 53,000. 53,000. Accounting 2,500. 2,500. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 749,388. 680,349. 69,039. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 220,246. 1,607. 183,003. 35,636. Office expenses 13 268,252. 224,849. 43,403. 14 Information technology 15 Royalties 1,831,813. 1,535,426. 296,387. 16 Occupancy 13,017. 80,452. 67,435. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 61,295. 51,378. 9,917. Conferences, conventions, and meetings 19 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 128,375. 107,604. 20,771. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 201,797. 169,146. 32,651. EQUIPMENT 76,212. 63,881. 12,331. GENERAL EXPENSES e All other expenses 124,753,597.122,009,487. 2,742,503. 1,607. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2012)

if following SOP 98-2 (ASC 958-720)

Check here

Form 990 (2012)

art)	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X	····	**********	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,000.	1	1,000
2		2 246 522	2	7,759,985
3	Pledges and grants receivable, net	*	3	
4	104001000100000000000000000000000000000	0 672 250	4	6,511,365
5	Loans and other receivables from current and former officers, directors,	15 (15 (15 (15 (15 (15 (15 (15 (15 (15 (
	trustees, key employees, and highest compensated employees. Complete	200000		
	Part II of Schedule L		5	
6		r		00000 (Section 1)
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	g		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7			7	
} ε			8	
` g	Prepaid expenses and deferred charges	286,598.	9	217,549
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	b Less: accumulated depreciation10b		10c	
11	and the second s		11	
12	Investments - other securities. See Part IV, line 11	559,979.	12	823,485
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	656,450.	15	698,226
16	Total assets. Add lines 1 through 15 (must equal line 34)	15,123,908.	16	16,011,610
17			17	13,530,192
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	×	20	1 500 000
g 2	Escrow or custodial account liability. Complete Part IV of Schedule D	1,885,139.	21	1,500,093
22				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	key employees, highest compensated employees, and disqualified persons.	200000000 200000000		
-	Complete Part II of Schedule L		22	
2	Secured mortgages and notes payable to unrelated third parties		23	
24	• • • • • • • • • • • • • • • • • • • •		24	
2				
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	14 402 107	25	15 020 205
20			26	15,030,285
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ខ្ញុ	complete lines 27 through 29, and lines 33 and 34.	160 733		345,340
[2		010 007	27	293,294
5 28		2/1 0/2	28	342,691
2		341,942.	29	342,091
2	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.		20	
3			30	
ğ 3			31	
Net Assets of rund balances 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	-	720 711	32	981,325
3				16,011,610
3	4 Total liabilities and net assets/fund balances	13,123,900.	34	Form 990 (201

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Part XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI		***********	reserve.	X	
		P 301				
1	Total revenue (must equal Part VIII, column (A), line 12)		124,90			
2	Total expenses (must equal Part IX, column (A), line 25)	2	124,75			
3	Revenue less expenses. Subtract line 2 from line 1	3		0,5		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			11.	
5	Net unrealized gains (losses) on investments	5			97.	
6	Donated services and use of facilities	6	4	4,2	31.	
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	98	1,3	<u> 25.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
			940000000		No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	_			
2a			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X	000000000	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
_	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
Ju	Act and OMB Circular A-133?		3a	Х	- September	
h	If "Yes," dld the organization undergo the required audit or audits? If the organization did not undergo the required					
J	11 Tes, did tile organization undergo the required about or about the undergo such audits		36	х		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LOS ANGELES COUNTY

DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number 95-3374648

****				TIDITITE BERT							5 		
Pε	rt I	Reason f	for Public Char	ity Status (All organiz	ations mus	st complete	e this part	.) See inst	ructions.				
Γhe	organi	ization is not a	private foundation	because it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1		A church, cor	nvention of churche	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2		A school desc	cribed in section 1 7	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	ital service organization o	described	n section	170(b)(1)	(A)(iii).					
4				operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospit	al's nai	me,
		city, and state											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
Ū			(b)(1)(A)(iv). (Compl										
6				ent or governmental unit	described	d in section	n 170/h)/1	ι \ (Δ \ (ν)					
	X			ceives a substantial part					r from the	general	nublic de	crihed	in
1	Λ	-			oi its supp	on nom a	governme	intal unit c	i iloni ille	general	public de	SCHOCO	
_			b)(1)(A)(vi). (Comple		·	D 4111							
8	H			section 170(b)(1)(A)(vi).					1				f
9	\Box			eives: (1) more than 33 1									
				nctions - subject to certa									
		income and u	inrelated business t	axable income (less sect	ion 511 ta	x) from bus	sinesses a	acquired b	y the orga	inization	after June	30, 19	175.
			509(a)(2). (Complete										
10	Щ			perated exclusively to te									
11	Ш			perated exclusively for th									or
				ations described in section				2). See se c	ction 509(a)(3). Ch	eck the b	ox that	
		describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.						
		a Type I		· ·		nctionally i	-		і 📖 Тур				
e	: []	By checking	this box, I certify the	at the organization is not	controlled	directly or	r indirectly	by one o	r more dis	qualified	persons	ther th	an
		foundation m	anagers and other	than one or more publicly	/ supporte	d organiza	tions des	cribed in s	ection 509	9(a)(1) or	section 5	09(a)(2)	١.
1				tten determination from t									
				his box									
٤				organization accepted ar									
٠	•	(i) A person	n who directly or inc	directly controls, either al	one or tog	ether with	persons o	described	in (ii) and (iii) below	,	Yes	No
				upported organization?								i)	
		-		n described in (i) above?									
				a person described in (i) o							0.12		
				about the supported or			************					-	
ŀ		Provide the it	ollowing information	about the supported on	garnzanon	(3).							
	_				(In) to the a		(a) Did us	u notification	(vi) is	the			
(i		of supported	(ii) EIN	(iii) Type of organization		rganization			l organizati	on in col.	(vii) Amo		onetary
	orga	anization		(described on lines 1-9 above or IRC section					(i) organiz U.S	ed in the	l s	upport	
				(see instructions))	Yes	No	Yes	No	Yes	No			
					162	NO	162	NO	165	140			_
_											-		
												_	
_													_
										-			
								1		1	I		
				1422 1422 1423									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012 DEVELOPMENTAL SERVICES FOUNDATION

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and		- NAY			1007	
	membership fees received. (Do not						
	include any "unusual grants.")	135,409,136.	124,587,194.	119,518,861.	119,836,715.	123,003,188.	622,355,094.
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 through 3	135,409,136.	124,587,194.	119,518,861.	119,836,715.	123,003,188.	622,355,094.
	The portion of total contributions						
	by each person (other than a				and the second		
	governmental unit or publicly			0.000			
	supported organization) included			20000000000000000000000000000000000000			
	on line 1 that exceeds 2% of the			30000000			
	amount shown on line 11,		00 000 00 000 00 000				
	column (f)						
6	Public support. Subtract line 5 from line 4.	1000000					622,355,094.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	135,409,136.	124,587,194.	119,518,861.	119,836,715.	123,003,188.	622,355,094.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						111 111
	and income from similar sources	156,092.	94,551.	56,344.	37,561.	21,862.	366,410.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						00 505
	assets (Explain in Part IV.)				99,597.		99,597.
11	Total support. Add lines 7 through 10					1	622,821,101.
	Gross receipts from related activities,				AND THE RESERVED TO A SECOND S		,879,133.
13	First five years. If the Form 990 is for						. —
0-	organization, check this box and stor	here					PL
_	ction C. Computation of Publ					44	99.93 %
	Public support percentage for 2012 (14	Experience and the second
	Public support percentage from 2011					15	
16a	33 1/3% support test - 2012. If the c						
	stop here. The organization qualifies						31113535
D	33 1/3% support test - 2011. If the c						
47-	and stop here. The organization qual 10% -facts-and-circumstances tes						
17a							
	and if the organization meets the "fac						
	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes						
0	more, and if the organization meets the						
1.0	organization meets the "facts-and-circ Private foundation. If the organization						27.7 (17.20)
18	rrivate loundation. If the organization	a did not check a	DOX OIT IIIIE 13, 10	a, 100, 17a, 01 17k	- the state of the	dule A (Form 990	

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

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

Se	ction A. Public Support	low, please com	piete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	107 2000	(3) 2000	197 20 10	10/2011	10,20.2	17.1012
-	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-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_						1	
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
						1	
	Total. Add lines 1 through 5					 	
18							
ı	3 received from disqualified persons Amounts Included on lines 2 and 3 received					1	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					1	
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)		l.			. I.	
_	ction B. Total Support	(-) 0000	41,0000	(-) 0010	(4) 0011	(e) 2012	(f) Total
	indar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(i) Total
	Amounts from line 6					1	
100	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		-			1	
	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						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)		-	-			
	Total support. (Add lines 9, 10c, 11, and 12.)				L	1	
14	First five years. If the Form 990 is for t						
_	check this box and stop here						
_	ction C. Computation of Public					11	
V =2	Public support percentage for 2012 (lin						%
16					************************	16	<u>%</u>
	ction D. Computation of Inves					14-1	
17							<u>%</u>
18	Investment income percentage from 20						%
19a	33 1/3% support tests - 2012. If the c						
_	more than 33 1/3%, check this box and						
b	33 1/3% support tests - 2011. If the c						
	line 18 is not more than 33 1/3%, chec			•			
20	Private foundation. If the organization	ald not check a	box on line 14, 19	a, or 19b, check th	nis box and see ir	nstructions	

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

LOS ANGELES COUNTY

DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number

Organiza	ation type (check or	ne):			
Filers of	:	Section:			
Form 990	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Check if	your organization is	covered by the General Rule or a Special Rule .			
		7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.				
Special	Rules				
X	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	contributions for use If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, see exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year			
but it m	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

Name of organization
LOS ANGELES COUNTY
DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF DEVELOPMENTAL SERVICE - STATE OF CALIFORNIA 1600 NINTH STREET SACRAMENTO, CA 95814	\$ <u>122,648,819</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
LOS ANGELES COUNTY
DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number

(a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (d) Date received (see instructions)	Part II	Noncash Property (see Instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I (b) (c) FMV (or estimate) (see instructions) Date received	No. from		FMV (or estimate)	
No. (b) from Description of noncash property given Part I (c) FMV (or estimate) (see instructions) (d) Date received			\$	
	No. from		FMV (or estimate)	
			\$	
(a) No. from Part I (b) (c) FMV (or estimate) (see instructions) (d) Date received	No. from		FMV (or estimate)	
			\$	
(a) No. No. from Part I (b) (c) FMV (or estimate) (see instructions) Date received	No. from		FMV (or estimate)	
			\$	
(a) No. (b) from Part I (c) FMV (or estimate) (see instructions) Date received	No. from		FMV (or estimate)	
			\$	
(a) No. (b) from Description of noncash property given Part I (c) FMV (or estimate) (see instructions) Date received	No. from		FMV (or estimate)	
			\$	

Name of organization

Employer identification number

LOS ANGELES COUNTY

DEVET	OPMENTAL	SERVICES	FOUNDATION

art III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	idual contributions to section 501(c le following line entry. For organization, c., contributions of \$1,000 or less for	(c)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter r the year. (Enter this information once.)
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of git	ft Relationship of transferor to transferee
-	Transfer of manier accessory of		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar		Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gi	ft Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gi	ift Relationship of transferor to transferee
-			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.					
Nan		ELES COUNTY		Emplo	oyer identification number		
	DEVELOP	MENTAL SERVICES	FOUNDATION		95-3374648		
Pε	art I-A Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 or	ganization.		
3	Provide a description of the organiz Political expenditures Volunteer hours			> \$			
Pε	art I-B Complete if the org	anization is exempt und	der section 501(c)	(3).			
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	\$			
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 495	5			
3	If the organization incurred a section	n 4955 tax, did it file Form 4720) for this year?		Yes No		
	a Was a correction made?				Yes No		
ŀ	o If "Yes," describe in Part IV.		day as ation E01/o	avent costion 501/	2)(3)		
P	art I-C Complete if the org	janization is exempt une	der section 501(c)	, except section 30 (c	5/(0).		
1	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt fund	ction activities			
2	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for s	section 521			
	exempt function activities						
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,						
	line 17b Indicate the filling organization file Form 1120-POL for this year?						
		mpleyer identification number (F	IN) of all section 527 p	olitical organizations to whic			
5	made payments. For each organiza	tion listed, enter the amount pa	id from the filing organ	ization's funds. Also enter th	e amount of political		
	contributions received that were pr	omptly and directly delivered to	a separate political or	ganization, such as a separa	te segregated fund or a		
	political action committee (PAC). If	additional space is needed, pro	vide information in Par	t IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

232041 01-07-13

LHA

				COUNTY						
	dule C (Form 990 or 990-EZ) 2012	DEVEL	OPMENT.	AL SERVICES	FOUNDATION		33746	48	<u>Pag</u>	ge 2
Par	t II-A Complete if the org			npt under sectio	n 501(c)(3) and file	ed Form 5768				
-	(election under sec								_	
A Ch					n Part IV each affiliated	group member's nar	ne, addre	ss, E	IN,	
	expenses, and shar									
B Ch	neck Lifthe filing organiza	tion check	ed box A an	d "limited control" pro	ovisions apply.					_
			bying Exper leans amou	nditures nts paid or incurred.)	(a) Filing organization's totals	(b) Affi	liated totals		quc
1 a	Total lobbying expenditures to influ	uence pub	lic opinion (g	grass roots lobbying)						
	Total lobbying expenditures to influ	•								
С	Total lobbying expenditures (add li									
d	Other exempt purpose expenditure	es	************		***************************************					
е	Total exempt purpose expenditure	s (add line	s 1c and 1d)	***************************************					
f	Lobbying nontaxable amount. Ente	er the amo	unt from the	following table in bot	th columns.					
	If the amount on line 1e, column (a) o	r (b) is:	The lobi	bying nontaxable am	ount is:					
	Not over \$500,000		20% of	the amount on line 1e						
	Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	cess over \$500,000.					
	Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exc	cess over \$1,000,000.	0.000000				
	Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000.					
	Over \$17,000,000		\$1,000,0	000.						
g	Grassroots nontaxable amount (er	nter 25% o	f line 1f)				-	_	_	
	Subtract line 1g from line 1a. If zer				·ii·······ii					
	Subtract line 1f from line 1c. If zero								_	_
j									_	٦
	reporting section 4911 tax for this	year?					Yes			No
	(Some organiz	olumns be	at made a s low. See the	e instructions for line	n do not have to comp es 2a through 2f on pa	olete all of the five				
		Lobi	bying Exper	nditures During 4-Ye	ar Averaging Period		_			
	Calendar year (or fiscal year beginning in)	(a)	2009	(b) 2010	(c) 2011	(d) 2012	(e) To	tal	
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))				2000 (1900) 2000 (1900) 2000 (1900) 2000 (1900)		-			
c	Total lobbying expenditures									
d	Grassroots nontaxable amount									
	Grassroots ceiling amount (150% of line 2d, column (e))			2000 (1990) 2000 (1990) 2000 (1990) 2000 (1990) 2000 (1990)	100 cm 10	100 PM				

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 DEVELOPMENTAL SERVICES FOUNDATION 95-337464

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

To each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. 1 During the year, did the filling organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred under section 4912 d if the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	c)(5),	X X X X X X X		2,500 2,500
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1! 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	c)(5),	X X X X X X		
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	c)(5),	X X X X X X		
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred up organization managers under section 4912 d if the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5). 1 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	c)(5),	X X X X X X		
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	c)(5),	X X X X X X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, semlnars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	c)(5),	X X X X X		
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Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." 1 Dues, assessments and similar amounts from members		3		
		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).		2a		
a Current year		2b		
b Carryover from last year		2c		
c Total		3		
the control of the average of the average of the average	********			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political				
		4		
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)	*******	5		
Part IV Supplemental Information				

SCHEDULE D

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 See separate instructions.

2012 Open to Public Inspection

Department of the Treasury
Internal Revenue Service:

Name of the organization

LOS ANGELES COUNTY

DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number 95-3374648

Par	Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
-	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?	***************************************	
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the forn	n of a conservation easement on the last
	day of the tax year.		(0.000000)
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located -	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	Yes No
	violations, and enforcement of the conservation easements i	it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	ig the year > 5
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	(n)(4)(b)(l) Yes No
	and section 170(h)(4)(B)(ii)?		*************************
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sneet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describe	s the organization's accounting to
1000	conservation easements. III Organizations Maintaining Collections of	of Art Historical Treasures or	Other Similar Assets.
Pa	Complete if the organization answered "Yes" to Form	1990. Part IV. line 8.	Carlot Carlina Process
_	If the organization elected, as permitted under SFAS 116 (A)	SC 958) not to report in its revenue stat.	ement and balance sheet works of art.
18	historical treasures, or other similar assets held for public ex	hibition education or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described		
	If the organization elected, as permitted under SFAS 116 (A)	SC 958) to report in its revenue stateme	ent and balance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of t	public service, provide the following amounts
	relating to these items:		
			s • • • • • • • • • • • • • • • • • • •
	(ii) Assets included in Form 990, Part VIII, line 1		
0	If the organization received or held works of art, historical tre	easures, or other similar assets for finance	
2	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
	Revenues included in Form 990, Part VIII, line 1		> \$
a	Assets included in Form 990, Part X		
Ü	Propose illolance ill i otti oogi i dit v		3790-10 V

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

95-3374648 Page	9	5-	3	3	74	6	48	B Pac	ne
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Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or C	ther	Simil	ar Asse	ts(cont	inued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are	a sig	nificant	use of its	collection	on iten	18
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other							
С	Preservation for future generations		-							
4	Provide a description of the organization's co	llections and explain	how they further t	he organization's	exem	pt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							Yes		No
Pai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Par	gements. Comple						line 9, o	r	
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	ns or other assets	not ir	ncluded				
	on Form 990, Part X?						******	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a									
								Amour	nt	
C	Beginning balance	*************************		*****************		1c				
d	Additions during the year					1d				
е	Distributions during the year	• 440-440-440-440-440-440-440-440-440-440				1e				
f	Ending balance									
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?				X	Yes		No
b	If "Yes," explain the arrangement in Part XIII.								X	<u></u>
Par	TV Endowment Funds. Complete if	the organization ans	swered "Yes" to Fo	rm 990, Part IV, li	ine 10	e.				
		(a) Current year	(b) Prior year	(c) Two years ba	ck (c	d) Three y	ears back	(e) Fou	ır years	back
1a	Beginning of year balance	559,979.	552,827.	462,04	18.	4	13,467.		497	367.
b	Contributions	187,750.	31,237.	6.5	50.		250.			261.
C	Net investment earnings, gains, and losses	75,756.	-24,085.	90,12	29.		48,331.		-84	161.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
9	End of year balance	823,485.	559,979.	552,82	27.	4	62,048.		413	467.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	22.00	_%							
b	Permanent endowment ► 36.00	%								
С	Temporarily restricted endowment ► 42	2.00 %								
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ition that are held a	nd administered	for the	e organiz	ation			
	by:								Yes	No
	(i) unrelated organizations		***************					3a(i)	X	
	(ii) related organizations									X
þ	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?		y			3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 990,	Part X, line 10.							
	Description of property	(a) Cost or ot basis (investm	''	or other (other)	•	cumulate reciation	ed	(d) Boo	ok valu	e
1a	Land									
b	Buildings									
¢	Leasehold improvements									
d	Equipment									
_е	Other	0.								
Total	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), line 1	O(c).)						0.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See	Form 990, Part X, line 12.		
(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) POOLED INVESTMENT FUNDS	823,485.	END-OF-YEAR MARK	ET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	823,485.		
Part VIII Investments - Program Related. See	Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			999
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		Principle of the Control of the Cont	
Part IX Other Assets. See Form 990, Part X, line 1	escription		(b) Book value
	Coorpion		(D) DOON HANDS
(1)			
(3)			
Parket.			
(4)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	***************************************	. >
Part X Other Liabilities. See Form 990, Part X, lin			
1. (a) Description of liability	(b) Book value	000 0000000000000000000000000000000000
(1) Federal income taxes			
(2)			
(3)			
(4)		100 miles	
(5)			
(6)			
(7)			15 15 15 15 15 15 15 15 15 15 15 15 15 1
(8)			
(9)			
(10)			
(11)	W-100		
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
6 FIN 49 (ACC 740) Feetents In Bort VIII provide the toyt	of the feetnets to the ore	ronization's financial statements the	a vanauta aba avaanimatianla

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

	LOS ANGELES COUNTY	N. T. C. Y	0.5	2274640	5
Sche	dule D (Form 990) 2012 DEVELOPMENTAL SERVICES FOUNI			3374648	Page 4
Par	IXI Reconciliation of Revenue per Audited Financial Statement		letur	1	000
1	Total revenue, gains, and other support per audited financial statements		1	124,969,	980
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	65.505			
а	Net unrealized gains on investments	2a 65,797.	•		
b	Donated services and use of facilities	2b	-		
C	Recoveries of prior year grants	2c	4		
d	Other (Describe in Part XIII.)	2d	-		
е	Add lines 2a through 2d		2e		797
3	Subtract line 2e from line 1		3	124,904,	183
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;	y .			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	_		_
C	Add lines 4a and 4b		4c		0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			124,904,	183
Pai	t XII Reconciliation of Expenses per Audited Financial Statemer		r Retu	ırn	200
1	Total expenses and losses per audited financial statements		1	124,709,	366
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	v v			
а	Donated services and use of facilities	2a	_		
b	Prior year adjustments	2b	_		
C	Other losses	2c	_		
d	Other (Describe in Part XIII.)	2d	_		
е	Add lines 2a through 2d		2e		0
3	Subtract line 2e from line 1		3	124,709,	366
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4		
b	Other (Describe in Part XIII.)	4b 44,231	•		001
	Add lines 4a and 4b				231
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	124,753,	597
Pa	t XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4; Part IV, lines	1b and	2b; Part V, line	4; Part
X. lin	e 2: Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	rovide any additional informa	ation.		
PAI	RT IV, LINE 2B: THE FOUNDATION FUNCTIONS AS	A CUSTODIAN FO	OR I	HE	
RE	CEIPT OF CERTAIN GOVERNMENTAL PAYMENTS AND	RESULTING DISB	URSE	MENTS MA	ADE
ON	BEHALF OF THE REGIONAL CENTER CLIENTS. A L.	ARGE MAJORITY	OF I	HE CLIEN	1T
SU	PPORT RECEIVED COMES FROM SOCIAL SECURITY.	THE FUNDS ARE	DISE	SURSED FO	OR
RE	SIDENTIAL CARE AND OTHER EXPENSES RELATED T	O THE CARE OF '	THE	SPECIFIC	

PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS WERE ESTABLISHED TO

Schedule D (Form 990) 2012

CLIENTS OF THE REGIONAL CENTER.

Part XIII Supplemental Information (continued)
SUPPORT THE MISSION OF THE FOUNDATION.
PART X, LINE 2: THE FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT
BENEFIT OF TAX POSITIONS, SUCH AS THE FILING STATUS OF TAX-EXEMPT, ONLY
AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN
NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE FOUNDATION IS SUBJECT TO
POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION
IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL AND
CALIFORNIA PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
CLIENT HELP FUND NON CASH CONTRIBUTIONS 44,231.
SUPPLEMENTAL INFORMATION:
PART V, LINE 3A(I): THE FOUNDATION'S ENDOWMENT FUND IS HELD AND
ADMINISTERED BY THE CALIFORNIA COMMUNITY FOUNDATION, AN UNRELATED
ORGANIZATION.

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number 95-3374648		[X Yes No		IV, line 21, for any		(h) Purpose of grant or assistance				A	A	Schedule I (Form 990) (2012)
		istance, and the selec			es" to Form 990, Part		(g) Description of non-cash assistance					***************************************	
		y for the grants or ass			anization answered "Y		(f) Method of valuation (book, FMV, appraisal, other)						
		grantees' eligibilit	***************************************	d States.	Complete if the org	ded.	(e) Amount of non-cash assistance						
TION		or assistance, the		funds in the Unite	United States. (ional space is nee	(d) Amount of cash grant				ne line 1 table	***************************************	
ICES FOUNDATION		amount of the grants		oring the use of grant	Organizations in the	be duplicated if additi	(c) IRC section if applicable				ganizations listed in the	1 table	ions for Form 990.
ES COUNTY	nd Assistance	o substantiate the	tance?	cedures for monit	3overnments and	5,000. Part II can	(p) EIN				nd government or	s listed in the line	, see the Instruct
Name of the organization LOS ANGELES COUNTY DEVELOPMENTAL SERVICES	Part i General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government				2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3 Enter total number of other organizations listed in the line 1 table	۱.,

95-3374648

DEVELOPMENTAL SERVICES FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Schedule I (Form 990) (2012)

Part III can be duplicated if additional space is needed.

Part III

(f) Description of non-cash assistance REGIONAL PROVIDE CLOTHES, FOOD, TOYS, AND OTHER ASSISTANCE TO THE GIFTS, LIVING/RENTAL HELP, CLIENTS OF LANTERMAN Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) BY ENTITY KEEPS 44 231 FAIR MARKET VALUE AUDITED SERVICES AND ALSO THE OF SI TO RESIDENTS THE o (d) Amount of non-cash assistance ö ö THE ORGANIZATION CALIFORNIA WHO HAVE DEVELOPMENTAL DISABILITIES. TO ENSURE COMPLIANCE CALIFORNIA'S DEPARTMENT OF DEVELOPMENTAL o, 30,163,700 25,170,571 53,395,690 (c) Amount of cash grant PROVIDED 8548 8548 8548 1387 ITS CLIENTS. IS (b) Number of recipients 2: ASSISTANCE FROM CMS OTHER SERVICES: BEHAVIORAL MANAGEMENT, MEDICAL, TRANSPORTATION, IN HOME RESPITE AND SUPPORTED FILES ON EACH OF STAFF (a) Type of grant or assistance LINE REVIEWED BY FEDERAL Ĭ SCHEDULE I, PART LIVING OUT OF OWN HOME CONFIDENTIAL OF CLIENT HELP FUND LIVING SERVICES STATE STATE OF DAY PROGRAMS THE

TOYS, FOOD, CLOTHES, OF NON-CASH ASSISTANCE: PROVIDE DESCRIPTION (F)

TO THE CLIENTS OF AND OTHER ASSISTANCE HELP, LIVING/RENTAL GIFTS,

232102 12-18-12

SEE PART IV FOR COLUMN (F) DESCRIPTIONS

Schedule I (Form 990) (2012)

Part IV Supplemental Information	_
ANTERMAN REGIONAL CENTER	
OS ANGELES COUNTY DEVELOPMENTAL SERVICES FOUNDATION SERVED 8,548	
LIENTS IN THE FISCAL YEAR ENDING JUNE 30, 2013. EACH CLIENT RECEIVED	_
SSISTANCE BASED ON INDIVIDUAL NEED AS DOCUMENTED IN THE INDIVIDUAL	_
ROGRAM PLAN.	_
	_
	_
	_
	_
	_
	_
	_
Schedule I (Form	990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions. LOS ANGELES COUNTY

DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number 95-3374648

Pa	art I Questions Regarding Compensation			
			Yes	No
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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are 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?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X 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, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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:			
а	The organization?	5a		X
þ	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:			
а	The organization?	6a		X
b	Any related organization?	6Ь		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		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
_	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

DEVELOPMENTAL SERVICES FOUNDATION

95-3374648

Schedule J (Form 990) 2012 DEVELOPMENTA

Part if Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported as deferred in prior Form 990
(1) DIANE ANAND	•	189,434.	0	7,337.	20,900.	2,102.	219,773.	0
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							Sched	Schedule J (Form 990) 2012

32

LOS ANGELES COUNTY
DEVELOPMENTAL SERVICES FOUNDATION

Page 3

95-3374648

Schedule J (Form 990) 2012 | Part III Supplemental Information

Schedule J (Form 990) 2012 Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Part I

Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

LOS ANGELES COUNTY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

DEVELOPMENTAL SERVICES FOUNDATION **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Employer identification number 95-3374648

(e) Description of transaction (b) Relationship between disqualified person (e) Description of transaction (c) Description of transaction (d) Corrected Yes No Polymers No (e) Description of transaction (f) Balance due to the organization of transaction of tran		Complete if the o					art IV, line 25a or 25b	, or Form 990-EZ, P	art V, II	ne 40	Ο.	60.0		tode
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person interested persons. Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person and sasistance interested pe	1 (a) Name of disqualified person		erson (b) F	•			ified (c	(c) Description of transaction						The Park
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship of loan or from the organization of loan or from the organization of loan organization organization of loan organization organization of loan organization o				person and organization								162		140
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship of loan or from the organization of loan or from the organization of loan organization To From (c) Original principal amount of the salance due organization organization organization organization (d) Loans to and/or From Interested Persons. (e) Original principal amount organization organ	_													
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship of loan or from the organization of loan or from the organization of loan organization To From (c) Original principal amount of the salance due organization organization organization organization (d) Loans to and/or From Interested Persons. (e) Original principal amount organization organ														
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person Dian Di														
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person interested person (b) Relationship of loan organization To From (c) Original principal amount of tax, line 26; or if the organization (d) Approved (l) Writter default? Yes No												1	1	
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person interested person (b) Relationship of loan organization To From (c) Original principal amount of tax, line 26; or if the organization (d) Approved (l) Writter default? Yes No														_
Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship organization (c) Purpose of loan organization To From (d) Loan to organization (e) Original principal amount (f) Balance due (g) In default? (p) In defaul	2													
Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship organization (c) Purpose of loan or loan (d) Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization (h) Approved (h	_	section 4958				Al		***************************************		• • •				_
Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship organization (c) Purpose of loan (d) Loan to organization (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board organization (f) Balance due (g) In default? (f) Amount of assistance (e) Original principal amount (f) Balance due (g) In default? (f) Amount of assistance (e) Original principal amount (f) Balance due (g) In default? (f) Amount of assistance (g) In default? (f) Amount of assistance (g) In default? (f) Amount of assistance (e) Original principal amount (f) Balance due (g) In default? (f) Amount of assistance (f) Amount of assistance (f) Amount of assistance (g) In default? (g) In defau	3	Enter the amount of tax, i	if any, on line 2,	above, reimburs	sea by	tne or	ganization		******	Ψ				_
Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship organization (c) Purpose of loan (d) Loan to end of loan (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or committee? (e) Original principal amount (f) Balance due (g) In default? (f) Amount of loan (f) Approved (f) Approved (f) Written (f) Balance due (g) In default? (f) Approved (f) Written (f) Balance due (g) In default? (f) Approved (f) Written (f) Balance due (f) Balance due (f) Balance due (f) Balance due (f) Approved (f) Written (f) Balance due (f) Approved (f) Written (f) Balance due (f) Approved (f) Approved (f) Written (f) Balance due (f) Approved (f) Approved (f) Written (f) Balance due (f) Approved (f) Approved (f) Written (f) Balance due (f) Balance due (f) Approved)a	rt II Loans to and	l/or From Int	erested Per	sons									
reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to organization? To From (e) Original principal amount (f) Balance due (g) In default? Yes No	****	202202000					, Part V, line 38a or I	orm 990, Part IV, lir	ne 26; d	or if th	ne orga	nizatio	1	
(a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? To From (e) Original principal amount (f) Balance due (g) In default? Popular or committee? Yes No Yes														
rinterested person organization organization organization organization? To From To From Yes No Ye		(a) Name of	(b) Relationship	(c) Purpose	(d) Lo	oan to or	(e) Original	(f) Balance due	(g)	ln 	(h) App by boa	oroved ard or	(i) Wi	itter
Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and interested person a		interested person		orioan	organization?					_	commi	ittee.		_
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount of assistance (e) Purpose of assistance	_				То	From			Yes	No	Yes	No	Yes	NO
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and inte	_				-	-							-	_
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and inte	_								-	-		_		-
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and inte	_				+-									
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and inte	_													
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and inte	_				1									
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and inte														
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and inte														
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount of assistance (e) Purpose of assistance														
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and inte														
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and	ota	ıl												
(a) Name of interested person (b) Relationship between interested person and (c) Amount of assistance (e) Purpose of assistance	Pa	rt III Grants or As	sistance Be	nefiting Inte	reste	ed Pe	rsons.							
(b) Relationship between assistance assistance assistance		Complete if the o	organization ans	wered "Yes" on	Form	990, P	art IV, line 27.				_			_
		(a) Name of interested p	person	interested per	son ar	een nd								
	_													
	-													
														_
										_	_		_	_

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012 DEVELOPMENTAL SERVICES FOUNDATION

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered (a) Name of interested person	(b) Relationship between	ninterested	(c) Amount of	(d) Description of transaction	(e) Sha organiz	ation's
	person and the orga	IIIZALION	transaction	transaction	reven	
VILLA ESPERANZA	BOARD MEMBER	AND CH	2 290 720	UTILLA ESPER	Yes	No X
VIIIIA BOI EKANZA	DOARD HEHDER	THIE CIT	2/250/1201	VILLET BOLDK		21
Part V Supplemental Information Complete this part to provide additions	al information for response	s to question	s on Schedule L (see	instructions).		
SCH L, PART IV, BUSINESS T	TRANSACTIONS 1	NVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: VILLA	ESPERANZA					_
(B) RELATIONSHIP BETWEEN 1	NTERESTED PER	SON AN	D ORGANIZAT	TON:		
(b) RELATIONOUIT DELWEEN 1	INTERNEUTED TEL	10011 2111	D ORGINIENI	10111		
BOARD MEMBER AND CHIEF EXE	CUTIVE OFFICE	R OF V	ILLA ESPERA	NZA SERVICE	S	
(D) DESCRIPTION OF TRANSAC	CTION: VILLA E	SPERAN	ZA SERVICES	PROVIDES		
RESIDENTIAL SERVICES, DAY	PROGRAMS, INI	EPENDE	NT LIVING,	AND OTHER		
SUPPORTIVE PROGRAMS. IT IS	S A REQUIREMEN	T OF T	HE LANTERMA	N ACT THAT	THE	
BOARD OF A REGIONAL CENTER	R INCLUDES ONE	E VENDO	R REPRESENT	ATIVE.		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

LOS ANGELES COUNTY
DEVELOPMENTAL SERVICES FOUNDATION

Employer identification number 95-3374648

DEVELORIZED DERV	Tollo Toombilition 30 do. Tollo
FORM 990, PART III, LINE 4A, PROGR	AM SERVICE ACCOMPLISHMENTS:
OPTIONS, SUPPORTED WORK AND VOCATI	ONAL PROGRAMS, ADVOCACY, TRAINING AND
EDUCATIONAL OPPORTUNITIES, AND OTH	ER SUPPORT SERVICES FOR CONSUMERS AND
FAMILIES.	
INTAKE	719,019
SERVICE COORDINATION	9,776,787
PROGRAM DEVELOPMENT	410,869
MONITORING AND EVALUATION	566,498
CLINICAL SERVICES	988,297
FAMILY SUPPORT	405,303
TRAINING AND DEVELOPMENT	249,010
LEGAL SERVICES	105,828
CONSUMER BENEFITS COORDINATION	239,673
LIVING OUT OF OWN HOME	30,163,700
DAY PROGRAMS	25,170,571
OTHER PURCHASED SERVICES	53,138,462
TOTAL PROGRAM SERVICES	121,934,017
THE FOUNDATION SERVED 8,548 PERSON	S WITH DEVELOPMENTAL DISABILITIES
DURING THE YEAR.	

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

ADMINISTRATIVE AFFAIRS COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO ITS

FINALIZATION. THE TAX RETURN WITH ANY NECESSARY CHANGES IS THEN APPROVED BY

THE BOARD OF DIRECTORS AFTER RECOMMENDATIONS BY THE COMMITTEE. THE FINAL

COPY OF THE FORM 990 IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS BEFORE

IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: IF A POTENTIAL OR PRESENT CONFLICT OF INTEREST IS IDENTIFIED FOR A REGIONAL CENTER EMPLOYEE THAT CANNOT BE ELIMINATED, THE REGIONAL CENTER SHALL, WITHIN 30 DAYS OF RECEIPT OF THE STATEMENT, SUBMIT TO THE DEPARTMENT A COPY OF THE CONFLICT-OF-INTEREST STATEMENT AND A PLAN THAT PROPOSES MITIGATION MEASURES, INCLUDING TIMEFRAMES AND ACTIONS THE REGIONAL CENTER OR THE EMPLOYEE, OR BOTH, WILL TAKE TO MITIGATE THE CONFLICT OF INTEREST. IF A PRESENT OR POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED FOR A REGIONAL CENTER DIRECTOR OR A BOARD MEMBER THAT CANNOT BE ELIMINATED, THE REGIONAL CENTER GOVERNING BOARD SHALL, WITHIN 30 DAYS OF RECEIPT OF THE STATEMENT, SUBMIT TO THE DEPARTMENT AND THE STATE COUNCIL A COPY OF THE CONFLICT-OF-INTEREST STATEMENT AND A PLAN THAT PROPOSES MITIGATION MEASURES, INCLUDING TIMEFRAMES AND ACTIONS THE REGIONAL CENTER GOVERNING BOARD OR THE INDIVIDUAL, OR BOTH, WILL TAKE TO MITIGATE THE CONFLICT OF INTEREST.

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

COMPENSATION IS DETERMINED THROUGH INDEPENDENT REVIEW AND APPROVAL BY THE

BOARD OF DIRECTORS. WHEN APPROPRIATE, COMPENSATION STUDIES, CONSULTATION

WITH INDEPENDENT COMPENSATION SPECIALISTS, AND PERFORMANCE REPORTS ARE

UTILIZED.

FORM 990, PART VI, SECTION C, LINE 19: THE ENTITY MAKES ITS GOVERNING

Employer identification number 95-3374648

DOCUMENTS, ITS FORM 990, AND ITS DETERMINATION LETTER AVAILABLE UPON REQUEST AT ITS OFFICE.

FORM 990 - RESTATEMENT

CERTAIN AMOUNTS REPORTED ON THE BALANCE SHEET, STATEMENT OF REVENUES,

AND STATEMENT OF FUNCTIONAL EXPENSES OF THE JUNE 30, 2012 FORM 990 HAVE

BEEN CHANGED TO REFLECT CHANGES MADE IN THE RESTATED FINANCIAL

STATEMENTS. THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2012

HAVE BEEN RESTATED TO CORRECT THE RECORDING OF A CASH TRANSFER OF

\$31,237 AS AN EXPENSE, WHICH OVERSTATED OTHER PURCHASED SERVICES

EXPENSE BY \$31,237 AND UNDERSTATED CASH AS OF JUNE 30, 2012 BY \$31,237.

THE RESTATEMENT INCREASED CASH AND NET ASSETS AS OF JUNE 30, 2012 BY

\$31,237, AND DECREASED EXPENSE AND INCREASED THE CHANGE IN NET ASSETS

BY \$31,237 FOR THE YEAR ENDED JUNE 30, 2012.

CERTAIN AMOUNTS REPORTED ON THE BALANCE SHEET OF THE JUNE 30, 2012 FORM

990 HAVE BEEN CHANGED ON THE CURRENT FORM 990 TO REFLECT A CLIENT TRUST

CASH DEPOSIT NOT ORIGINALLY RECORDED ON THE BOOKS AS OF JUNE 30, 2012,

BUT REFLECTED IN THE FINAL AUDITED FINANCIAL STATEMENTS. SINCE THE

DEPOSIT RELATED ONLY TO THE CLIENT TRUST ACCOUNTS, ASSETS WERE

INCREASED BY \$406,020 AND LIABILITIES WERE INCREASED BY THE SAME

AMOUNT, WITH NO IMPACT ON REVENUES, EXPENSES, OR NET ASSETS.

FORM 990, PART 1, LINE 16B

FUNDRAISING EXPENSES

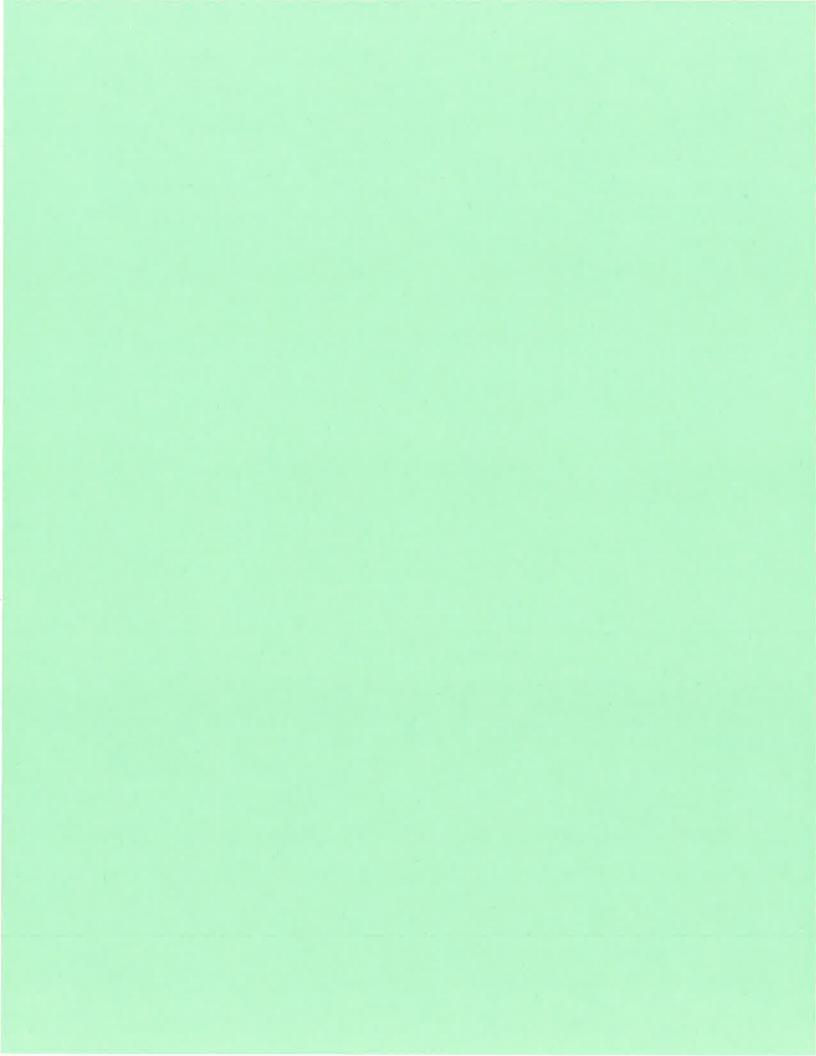
THE ENTITY RECEIVES FUNDING ON AN ANNUAL BASIS FROM THE STATE OF

CALIFORNIA. THE REGIONAL CENTER CONTRACTS WITH THE DEPARTMENT OF

01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

DEVELOPMENTAL SERVICES FOUNDATION	95-3374648
DEVELOPMENTAL SERVICES TO PROVIDE OR COORDINATE SERVICES	AND SUPPORT
FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. THERE IS	A SMALL
AMOUNT OF MONEY SPENT BY THE ORGANIZATION FOR FUNDRAISING	FROM PRIVATE
DONORS ONLY. IN 2013, THE ENTITY RECEIVED \$354,367 FROM P	RIVATE DONORS.
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 WH	O RECEIVE
SERVICES) OR THEIR PARENTS OR LEGAL GUARDIANS TO THE BOAR	D OF
DIRECTORS. THE LANTERMAN ACT ALSO REQUIRES ONE BOARD MEMB	ER TO BE A
CLIENT SERVICE PROVIDER. TO COMPLY WITH THIS STATE LAW, T	HE CENTER'S
BOARD OF DIRECTORS INCLUDES 2 CLIENTS, 4 PARENTS/LEGAL GU	ARDIANS OF
CLIENTS, AND 1 SERVICE PROVIDER AS OF JUNE 30, 2013.	
FORM 990, PART X, LINE 10	
FIXED ASSETS	
PURSUANT TO THE TERMS OF THE DDS CONTRACT, EQUIPMENT PURC	HASES BECOME
THE PROPERTY OF THE STATE AND, ACCORDINGLY, ARE CHARGED A	S EXPENSES
WHEN INCURRED. FOR THE YEARS ENDED JUNE 30, 2013 AND 2012	, EQUIPMENT
PURCHASES TOTALED \$201,797 AND \$133,213, RESPECTIVELY.	
·	



TAXABLE YEAR 2012

California Exempt Organization Annual Information Return

228941 12-18-12 FORM

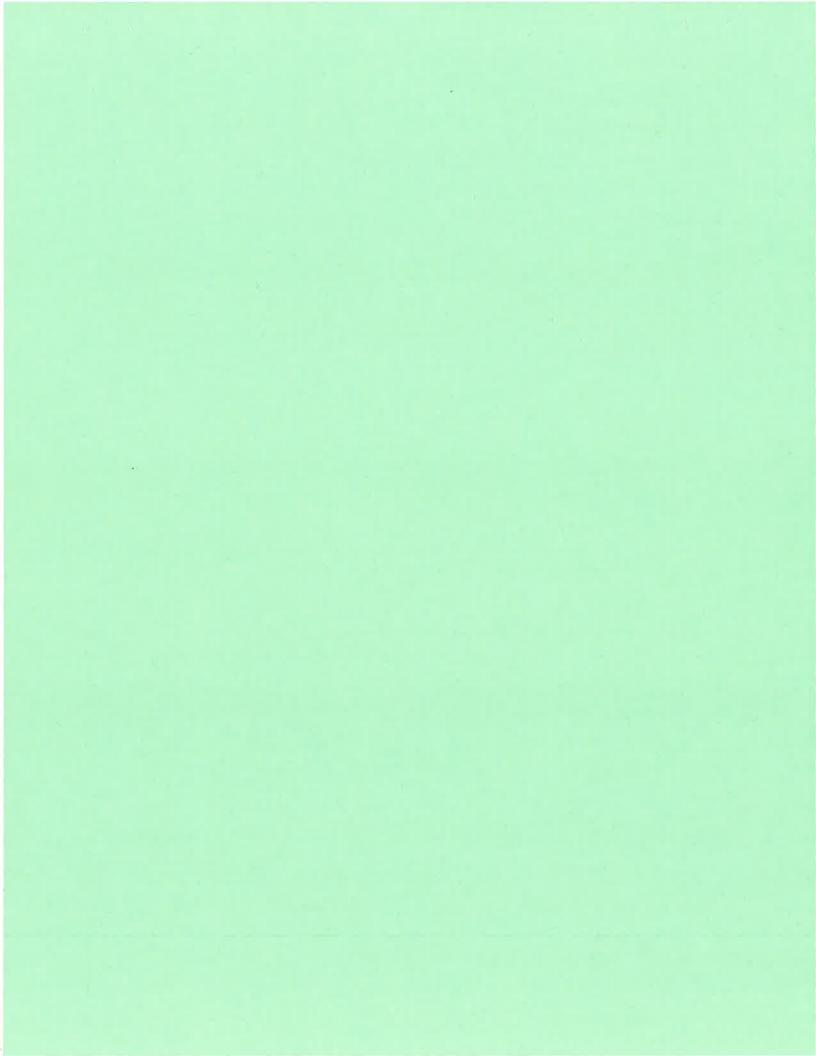
199

Cal	endar Year)12 or fiscal year beginn	ing month JULY	day 1 y	ear 2	012 and	ending montl			day 30 year 2013.
Co	rporation/Org	Ization Name						California corpo	oration	number
		ELES COUNTY								
DI	EVELO	MENTAL SERV	ICES FOUNDATION	N				0884	289	
		om, or PMB no.)						FEIN		
33	303 W	LSHIRE BLVD	., NO. 700					95-3	374	648
Cit	•			State	- 1	ZIP Code				
_	OS ANO			CA	_	90010				
A						-		n 23701d, has f		
В		eturn		X No				ed in any politic		
C		4947(a)(1)trust	Yes	S X No	,			legislation or ar	-	
D	Final Retu							R&TC Section		
			rendered (Withdrawn)							• X Yes No
_		•	nter date: •					form FTB 3509.		704.0 a T V V N.
Ε		unting method:								3701g? ● Yes X No
_		Cash (2) X Acc	rual (3) Other				-	ots from nonme		
F	Federal re		(DE) (0) a					er R&TC Sectio		
_			(PF) (3) ● Sch H (990)					onal, or charitat		
G			nates/affiliates? ● 🔲 Yes	S LAL INO				more) by public		
		ch a roster. See instruct	ption? Yes	X No						• X
Н			pulon? res	S LZE INU	M let	ha araanizat	iiiniy ice is icq tion a Limitad	Liability Compa	nv2	• Yes X No
	11 TES, W	it is the parent's name?						100 or Form 1		
1	Did the or	nization have any chanc	es in its activities, governing		ren	ort taxable i	ncome?	100 01 1 01111 1	00 .0	• Yes X No
		articles of incorporation						it by the IRS or		
			fax Board? ◆ Yes	s X No						● Yes X No
		lain, and attach copies of					- p		,,,,,,,,,,,	
P			required to file this form. See	General Ins	truction	ns B and C.				
Ė			pts from other sources. From S					•	1	1,900,995.00
			essments from members and a						2	00
			, gifts, grants, and similar amou						3	123,003,188.00
F	Receipts		for filing requirement test. Add							
	and		ompleted. If the result is less th				ction B	•	4	124,904,183.00
R	evenues	5 Cost of goods sold				• 5		00		
		6 Cost or other basis,	and sales expenses of assets s	old		• 6		00		
		7 Total costs. Add line	5 and line 6						7	00
_			Subtract line 7 from line 4					•	8	124,904,183.00
F	xpenses	•	disbursements, From Side 2, P						9	124,753,597.00
_	хропаса		ver expenses and disbursemen						10	150,586.00
		1 Filing fee \$10 or \$2	5. See General Instruction F						11	N/A 00
	Filing		·····						12	00
	Fee	-	st. See General Instruction						13	00
		4 Use tax. See Genera							14	00
_		5 Balance due. Add I	ine 11, line 13, and the 14. The	n subtract III	ne 12 fr	om the resu	and statements	and to the best of	15 f my kr	00 nowledge and bellef.
		is true, correct, and complet	eclare that I have examined this returned. Declaration of propage (other than	taxpayer) is ba	ased on a	all information	of which prepare	r has any knowled	ge.	
Sig		ignature f officer			Title	C. DI	R	Date		Telephone 213-383-1300
He	re	fofficer	(c)		ри	Date	1.	0:		• PTIN
		reparer's						Check if self-employed		P00286656
p-	id							tripiojou		● FEIN
Pa	eparer's	irm's name or yours, WTNDE S	, INC.							95-3001179
	e Only	self-mployed) P.O. H								Telephone
υ 8	GUIIIY	1 1 1 1	BEACH, CA 9080	1-0087	7					(562) 435-1191
	May the FTB discuss this return with the preparer shown above? See instructions									
_		The second tills							. 03	

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts—complete Part II or turnish substitute information. See Specific Line Instructions.

Rece from Othe Sour	5 Gross royalties	s (See Instructions)	0 7.		2 00 3 00 4 00 5 00 6 00 7 00 8 00 9 00
and Disb ment	16 Depreciation and depletion (See instruction) 17 Other Expenses and Disbursements. Attact 18 Total expenses and disbursements. Add li	ns)	ere and on Side 1, Part I	1 1 1 1 1 1 1 1	2 00 3 00 4 00 5 00 6 00 7 00 8 00
Asse		Beginning of ta	(h)	(c)	f taxable year (d)
	Cash				•
	Net accounts receivable		XY		
	Net notes receivable		X .	BAR CENE	
	Inventories		6		•
	Federal and state government obligations		Y		•
	Investments in other bonds	the second secon		STATE OF THE PARTY OF	0
	Investments in stock				
	Mortgage loans				
	Other investments. Attach schedule		AND THE RESERVE OF THE PARTY OF	INC. N. CONCERN TO MANAGEMENT	BETTHERN AND DESCRIPTION OF STREET WAS
	a Depreciable assets		Control of the second s	(Amorting and Sept Wilesen
	Land				2000
12 (Other assets. Attach schedule				
	Total assets	On the same of the same of the			
	illities and net worth	19 AVA 15 19 25 45 46 6	BEST TREES TO BE		
14	Accounts payable	n the specimen			
15 (Accounts payable				
16	Bonds and notes payable	20 32 Chy 21 3 Chy			•
					•
	Other liabilities. Attach schedule				Mell
19 (Capital stock or principle fund	THE STATE OF THE PROPERTY OF T			
20	Paid-in or capital surplus. Attach reconciliation	THE SECOND PROPERTY OF			
21	Retained earnings or income fund				•
Sch	Total liabilities and net worth hedule M-1 Reconciliation of income per book Do not complete this schedule if the	s with income per return e amount on Schedule L, line	13, column (d), is less t	han \$25,000	District Control of the Control of t
	Net income per books		7 Income recorded on	books this year	
	Federal income tax	•	not included in this r	-	
	Excess of capital losses over capital gains	•			
	Income not recorded on books this		8 Deductions in this re	•	
	year. Attach schedule	•	against book income		
	Expenses recorded on books this year not	Marin Susainenszen	Attach schedule 9 Total. Add line 7 and		
6	deducted in this return. Attach schedule				
_	Add line 1 through line 5	<u> </u>	Subtract line 9 from	line 6	

FORM 199 CASH	CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMOUNT
JAMES HASSAN TTEE, RUTH CHURCH MCKAY FDN TRUST	1 WILSHIRE BLVD., STE 2000 LOS ANGELES, CA 90017	20,000.
YOUNG NAK OUTREACH & TRANSFORMATION FOUNDATION	1721 N. BROADWAY LOS ANGELES, CA 90031	7,000.
ANDY & MEREDITH GOETZ	6542 TROTTER DR. HUNTINGTON BEACH, CA 92648	5,000.
FRED & JUNE MACMURRAY FOUNDATION	1680 NORTH VINE ST. SUITE 504 LOS ANGELES, CA 90028	35,000.
L.A. CARE HEALTH PLAN	1055 WEST 7TH STREET, 10TH FLOOR LOS ANGELES, CA 90017	17,500.
SUPPORT FOR FAMILIES OF CHILDREN WITH DISABILITIES	1663 MISSION ST., STE 700 SAN FRANCISCO, CA 94103	50,850.
DEPARTMENT OF DEVELOPMENTAL SERVICE - STATE OF CALIFORNIA	1600 NINTH STREET SACRAMENTO, CA 95814	122,648,819.
TOTAL INCLUDED ON LINE 3		122,784,169.
FORM 199	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
ICF SUPPL SVS INCOME	1,879,133.	
TOTAL TO FORM 199, PART I	1,879,133.	



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

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: ct 36713	3	Check if:								
LOS ANGELES COUNTY	Change of address									
DEVELOPMENTAL SERVICES Name of Organization	FOUNDATION	Amended report								
3303 WILSHIRE BLVD., NO	0. 700	Corporate or Organization No0884289								
LOS ANGELES, CA 90010 City or Town, State and ZIP Code		Federal En	nployer I.D. No95-3374648							
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts										
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee						
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$150 \$225 \$300						
PART A - ACTIVITIES										
For your most recent full accounting period (beginning $\frac{07/01/2012}{1200000000000000000000000000000000$										
PART B - STATEMENTS REGARDING ORG	ANIZATION DURING THE PERIOD	OF THIS RE	PORT							
Note: If you answer "yes" to any of the quant and details for each "yes" response	iestions below, you must attach a s e. Please review RRF-1 instructions	eparate she for informa	eet providing an explanation ition required.							
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization										
and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 9										
During this reporting period, was there a or funds?	ny theft, embezzlement, diversion or	misuse of th	e organization's charitable property		х					
3. During this reporting period, did non-pro	gram expenditures exceed 50% of gr	oss revenue	es?		х					
During this reporting period, were any or with the Internal Revenue Service, attactions		nalty, fine or	judgment? If you filed a Form 4720		х					
5. During this reporting period, were the se If "yes," provide an attachment listing the					х					
During this reporting period, did the organized name of the agency, mailing address, co	ontact person, and telephone number		SEE STATEMENT 10	х						
7. During this reporting period, did the orgathe the number of raffles and the date(s) the	ey occurred.				х					
Does the organization conduct a vehicle operated by the charity or whether the conduct as a second co	edonation program? If "yes," provide organization contracts with a commerce	an attachme cial fundrais	ent indicating whether the program is er for charitable purposes.		х					
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?										
Organization's area code and telephone number	213-383-13000			_						
Organization's e-mail address										
I declare under penalty of perjury that I have examined this toport, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.										
DIANE C. ANAND EXEC. DIR.										
Signature of authorized officer Prin	ited Name	Ti	Date							

FORM RRF-1 EXPLANATION OF FINANCIAL TRANSACTIONS PART B, LINE 1

STATEMENT

A BOARD MEMBER IS THE CHIEF EXECUTIVE OFFICER OF A COMPANY THAT PROVIDES RESIDENTIAL SERVICES, DAY PROGRAMS, INDEPENDENT LIVING, AND OTHER SUPPORTIVE PROGRAMS TO THE REGIONAL CENTERS CLIENTS. IT IS A REQUIREMENT OF THE LANTERMAN ACT THAT THE BOARD OF A REGIONAL CENTER INCLUDES ONE VENDOR REPRESENTATIVE.

FORM RRF-1 INFORMATION REGARDING GOVERNMENT FUNDING STATEMENT 10 PART B, LINE 6

DEPARTMENT OF DEVELOPMENTAL SERVICE - STATE OF CALIFORNIA 1600 NINTH STREET SACRAMENTO, CA 95814 TERRI DELGADILLO (916)654-1958