Form **990**

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.

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 7/01 , 2011, and ending 6/30 , 2012

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C
EXCEPTIONAL CHILDREN'S FOUNDATION
8740 WEST WASHINGTON BLVD
CULVER CITY, CA 90232

D Employer Identification Number
95-1690988

E Telephone number
(310) 204-3300

G Gross receipts $ 33,622,285.

F Name and address of principal officer: PHILIP G. MILLER, ESQ.
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list. (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( )◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► ECF.NET

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of Formation: 1946

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF EXCEPTIONAL CHILDREN'S FOUNDATION IS TO PROVIDE THE HIGHEST QUALITY SERVICES FOR CHILDREN AND ADULTS WHO ARE CHALLENGED WITH DEVELOPMENTAL, LEARNING AND EMOTIONAL DISABILITIES - EMPOWERING THEM TO REACH THEIR GREATEST POTENTIAL.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	703
6	Total number of volunteers (estimate if necessary)	**6**	85
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0.
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	18,516,631.	20,328,701.
9	Program service revenue (Part VIII, line 2g)	3,404,014.	3,485,037.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	728,464.	818,986.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,732.	72,377.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,730,841.	24,705,101.
13	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)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,315,247.	16,044,755.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 411,942.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,551,488.	7,329,091.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,866,735.	23,373,846.
19	Revenue less expenses. Subtract line 18 from line 12	-1,135,894.	1,331,255.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	34,004,314.	34,925,062.
21	Total liabilities (Part X, line 26)	8,187,032.	8,467,255.
22	Net assets or fund balances. Subtract line 21 from line 20	25,817,282.	26,457,807.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

► Signature of officer — Date

► SCOTT D. BOWLING — PRESIDENT & CEO
Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHAEL W. CANTRILL				P00444081

Firm's name ► RBZ LLP
Firm's address ► 11766 WILSHIRE BLVD NINTH FL
LOS ANGELES, CA 90025
Firm's EIN ►
Phone no. (310) 478-4148

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 ☒ 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 ☒ 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 8,612,978. including grants of $) (Revenue $ 372,530.)

ECF KAYNE ERAS CENTER OPERATES A K-12 SCHOOL THAT PROVIDES SPECIAL EDUCATION SERVICES FOR 200 PUBLIC SCHOOL STUDENTS WITH LEARNING, EMOTIONAL AND DEVELOPMENTAL DISABILITIES. KEC'S EDUCATIONAL APPROACH INCLUDES INTENSIVE SPECIALIZED PROGRAMMING AND INNOVATIVE EDUCATIONAL STRATEGIES TO MEET THE UNIQUE NEEDS OF EACH CHILD AND HIS OR HER FAMILY. EACH YEAR KEC ALSO PROVIDES MENTAL HEALTH SERVICES AND DIAGNOSTIC AND THERAPEUTIC SERVICES TO APPROXIMATELY 100 AT-RISK YOUTH (AND THEIR FAMILIES) TO IMPROVE THEIR WELL BEING AND HELP THEM SUCCEED IN SCHOOL AND COMMUNITY SETTINGS. THE SCHOOL IS ACCREDITED BY THE WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES.

4b (Code:) (Expenses $ 3,889,398. including grants of $) (Revenue $)

ECF'S EARLY START PROGRAM PROVIDES HOME- AND CENTER-BASED EARLY INTERVENTION AND EDUCATIONAL SERVICES FOR FAMILIES WITH DEVELOPMENTALLY DELAYED OR DISABLED CHILDREN FROM BIRTH TO AGE THREE. EACH YEAR THE PROGRAM SERVES MORE THAN 1,300 CHILDREN WHO MAY BE CHALLENGED WITH AUTISM, DOWN SYNDROME, CEREBRAL PALSY, INTELLECTUAL DISABILITIES, SPEECH AND LANGUAGE IMPAIRMENTS, TRAUMATIC BRAIN INJURIES OR OTHER DISABILITIES/DELAYS. FROM SITES IN ARLETA AND SOUTH LOS ANGELES, EARLY START PROVIDES EARLY CHILDHOOD EDUCATION SERVICES IN COMMUNITY CENTER SETTINGS AND VIA HOME VISITS, BOTH OFFERING OPPORTUNITIES TO ENHANCE CHILD DEVELOPMENT WHILE ALSO PROVIDING CRITICAL SUPPORT AND ASSISTANCE TO FAMILY MEMBERS.

4c (Code:) (Expenses $ 2,300,185. including grants of $) (Revenue $ 1,342,834.)

THE RESIDENTIAL SERVICES PROGRAM PROVIDES A VARIETY OF LIVING ARRANGEMENTS COUPLED WITH IN-HOME LIVING SKILLS TRAINING AND SUPPORT SERVICES FOR OVER 50 PARTICIPANTS, THE MAJORITY OF WHOM HAVE A DIAGNOSIS OF MILD TO MODERATE INTELLECTUAL DISABILITY. IN ADDITION TO PROVIDING SAFE AND COMFORTABLE HOUSING AT SIX LOCATIONS IN LOS ANGELES COUNTY, THE PRIMARY GOAL OF THE PROGRAM IS TO FOSTER THE HIGHEST LEVEL OF INDEPENDENCE THROUGH FULL AND PROACTIVE HOME AND COMMUNITY INVOLVEMENT.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses $ 6,143,254. including grants of $) (Revenue $ 1,769,673.)

4e Total program service expenses ► 20,945,815.

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* (see instructions)?	**2**	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	**3**		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect 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**		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	**7**		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	**8**		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	**9**		X
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**	X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *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 assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	**11b**		X
c	Did the organization report an amount for investments– program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *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
e	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, XII, and XIII*	**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, XII, and XIII 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 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*	**15**		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *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, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I (see instructions)*	**17**		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *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
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	**20**		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations 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**		X
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, and 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
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**		
25a	**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, highly 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):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	**28a**		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	**28b**		X
c	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**		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	**29**		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	**33**		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	**35b**		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	**36**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	**37**		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	X	

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	**1a**	84		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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**	703		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	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.				
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
c	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?			**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).**				
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**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
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	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?			**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	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*			**14b**	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . 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.	**1a**	20		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	20		
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			X
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 other 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:				
a	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 or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	**9**			X

Section 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
b	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**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	**12a**	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* . . . . . SEE SCHEDULE O	**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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . SEE SCHEDULE O	**15a**	X	
b	Other officers of key employees of the organization . . . SEE SCHEDULE O	**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
b	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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► DENISE ORME 8740 WEST WASHINGTON BLVD CULVER CITY CA 90232 310-845-8025

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILIP G. MILLER, ESQ. BOARD CHAIR	5	X		X				0.	0.	0.
(2) RALPH WALTER, D. PHIL. TREASURER	4	X		X				0.	0.	0.
(3) FRED ALAVI VICE CHAIR	2	X		X				0.	0.	0.
(4) KEITH E. WEAVER BOARD SECRETARY	2	X		X				0.	0.	0.
(5) ALAN R. POLSKY ASST SECRETARY	2	X		X				0.	0.	0.
(6) SHELLEY ILENE SMITH, ES ASS'T TREASURER	2	X		X				0.	0.	0.
(7) LESLIE B. ABELL DIRECTOR	1	X						0.	0.	0.
(8) TEVIS BARNES DIRECTOR	1	X						0.	0.	0.
(9) SKIP R. COOMBER III DIRECTOR	1	X						0.	0.	0.
(10) SCOTT COOPER, CMC DIRECTOR	1	X						0.	0.	0.
(11) MARK FLAGEL, ESQ. DIRECTOR	1	X						0.	0.	0.
(12) SUZANNE KAYNE DIRECTOR	1	X						0.	0.	0.
(13) RICARDINA LEON DIRECTOR	1	X						0.	0.	0.
(14) JOHN MOORE DIRECTOR	1	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SARA ROSALES DIRECTOR	1	X						0.	0.	0.
(16) STEVEN J. ROSE DIRECTOR	1	X						0.	0.	0.
(17) GENE SICILIANO DIRECTOR	1	X						0.	0.	0.
(18) JOCELYN TETEL DIRECTOR	1	X						0.	0.	0.
(19) JAMES H. WALKER DIRECTOR	1	X						0.	0.	0.
(20) PAUL ZIMMERMAN DIRECTOR	1	X						0.	0.	0.
(21) SCOTT D. BOWLING, PSY. D. PRESIDENT & CEO	37.			X				225,522.	0.	3,198.
(22) KAREN KATO SHOKRAI VP ADMIN	37.			X				113,490.	0.	3,198.
(23) SONHUI ROBILOTTA VP FINANCE	37.			X				127,500.	0.	2,484.
(24) EMILY LLOYD VP PROGRAMS	37.			X				112,958.	0.	1,669.
(25) DEBBI WINTER VP DEVELOPMENT	37.			X				114,830.	0.	3,198.
1 b Sub-total ►								694,300.	0.	13,747.
c Total from continuation sheets to Part VII, Section A ►								560,504.	0.	15,990.
d Total (add lines 1b and 1c) ►								1,254,804.	0.	29,737.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ► 11

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PATTERSON GENERAL CONSTRUCTION 16930 GAULT ST LAKE BALBOA, CA 91406	CONSTRUCTION	129,224.
THE BRISTOL COMPANY 1900 AVENUE OF THE STARS LOS ANGELES, CA 90067	RENT	136,628.

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

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2011

Name of the Organization

EXCEPTIONAL CHILDREN'S FOUNDATION

Employer Identification number

95-1690988

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LILIANA CELIS THERAPIST	37.5					X		122,705.	0.	3,198.
MARIA D. DEL MUNDO THERAPIST	37.5					X		121,395.	0.	3,198.
JACQUELINE VASQUEZ THERAPIST	37.5					X		112,406.	0.	3,198.
DWIGHT R. COUNSEL DIRECTOR SCHOOL	37.5					X		102,420.	0.	3,198.
TINA HOWELL THERAPIST	37.5					X		101,578.	0.	3,198.

Form **990** Cont 2011

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	179,655.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	16,569,376.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,579,670.			
	g Noncash contributions included in lns 1a-1f: $ 1,621.					
	h **Total.** Add lines 1a-1f		20,328,701.			
PROGRAM SERVICE REVENUE		Business Code				
	2a SALES FROM SHELTERED W/S		1,784,648.	1,784,648.		
	b TUITION AND FEES		1,574,661.	1,574,661.		
	c RENT - DISABLED CLIENTS		110,290.	110,290.		
	d HOUSING MANAGEMENT FEES		15,438.	15,438.		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		3,485,037.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		478,375.			478,375.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		1,284.			1,284.
		(i) Real / (ii) Personal				
	6a Gross rents: 27,099.					
	b Less: rental expenses					
	c Rental income or (loss): 27,099.					
	d Net rental income or (loss)		27,099.			27,099.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory: 9,238,076.					
	b Less: cost or other basis and sales expenses: 8,897,465.					
	c Gain or (loss): 340,611.					
	d Net gain or (loss)		340,611.			340,611.
	8a Gross income from fundraising events (not including $ 179,655. of contributions reported on line 1c). See Part IV, line 18 a: 19,719.					
	b Less: direct expenses b: 19,719.					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a MISC INCOME		43,994.			43,994.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		43,994.			
	12 **Total revenue.** See instructions		24,705,101.	3,485,037.	0.	891,363.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	756,651.	136,256.	471,801.	148,594.
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.	0.	0.	0.
7 Other salaries and wages	12,311,313.	11,334,047.	862,524.	114,742.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,830,725.	1,695,718.	112,271.	22,736.
10 Payroll taxes	1,146,066.	1,024,096.	101,000.	20,970.
11 Fees for services (non-employees):				
a Management				
b Legal	38,808.		38,808.	
c Accounting	72,688.		72,688.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,437,311.	1,388,425.		48,886.
12 Advertising and promotion				
13 Office expenses	108,192.	83,817.	20,064.	4,311.
14 Information technology				
15 Royalties				
16 Occupancy	362,806.	359,998.	2,808.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	364,438.	303,822.	57,774.	2,842.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	730,211.	671,107.	51,262.	7,842.
23 Insurance	187,844.	115,047.	71,787.	1,010.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRANSPORTATION EXPENSE	852,483.	852,483.		
b CLIENT/TRAINEE PAYROLL,	705,891.	705,891.		
c FACILITY MAINTENANCE	500,811.	485,782.	13,788.	1,241.
d PROGRAM SUPPLIES	347,482.	347,482.		
e All other expenses	1,620,126.	1,441,844.	139,514.	38,768.
25 **Total functional expenses.** Add lines 1 through 24e	23,373,846.	20,945,815.	2,016,089.	411,942.
26 **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 ► ☒ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing		512,939.	1	244,996.
	2	Savings and temporary cash investments		2,490,579.	2	2,278,558.
	3	Pledges and grants receivable, net			3	918,500.
	4	Accounts receivable, net		3,620,464.	4	3,044,883.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		179,808.	8	160,045.
	9	Prepaid expenses and deferred charges		110,373.	9	162,408.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,423,896.			
	b	Less: accumulated depreciation	10b 15,039,806.	15,363,459.	10c	16,384,090.
	11	Investments — publicly traded securities		10,922,181.	11	10,351,947.
	12	Investments — other securities. See Part IV, line 11			12	
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets		108,280.	14	99,555.
	15	Other assets. See Part IV, line 11		696,231.	15	1,280,080.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		34,004,314.	16	34,925,062.
LIABILITIES	17	Accounts payable and accrued expenses		1,465,580.	17	1,392,878.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		6,655,522.	23	7,074,377.
	24	Unsecured notes and loans payable to unrelated third parties		65,930.	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		8,187,032.	26	8,467,255.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		23,726,887.	27	22,637,990.
	28	Temporarily restricted net assets		1,090,395.	28	2,819,817.
	29	Permanently restricted net assets		1,000,000.	29	1,000,000.
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		25,817,282.	33	26,457,807.
	34	Total liabilities and net assets/fund balances		34,004,314.	34	34,925,062.

Part 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)	**1**	24,705,101.
2	Total expenses (must equal Part IX, column (A), line 25)	**2**	23,373,846.
3	Revenue less expenses. Subtract line 2 from line 1	**3**	1,331,255.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	**4**	25,817,282.
5	Other changes in net assets or fund balances (explain in Schedule O) . . SEE SCHEDULE O	**5**	-690,730.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	**6**	26,457,807.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	**2a**		X
b	Were the organization's financial statements audited by an independent accountant?	**2b**	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	**2c**	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	**3a**	X	
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	**3b**	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

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

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

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III — Functionally integrated **d** ☐ Type III — Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11 g (i)**		
(ii) A family member of a person described in (i) above?	**11 g (ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11 g (iii)**		

h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	12225894.	21867056.	19618987.	18516631.	20310244.	92,538,812.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	12225894.	21867056.	19618987.	18516631.	20310244.	92,538,812.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4						92,538,812.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	12225894.	21867056.	19618987.	18516631.	20310244.	92,538,812.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	643,827.	472,013.	320,358.	385,410.	506,758.	2,328,366.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	61,107.	407,225.	25,357.	79,596.	43,994.	617,279.
11 **Total support.** Add lines 7 through 10						95,484,457.

12 Gross receipts from related activities, etc (see instructions) **12** 0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) **14** 96.92 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 **15** 96.56 %

16a **33-1/3% support test — 2011.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support test — 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test — 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test — 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lns 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests – 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2011	2010	2009	2008	2007
MISCELLANEOUS	16,895.	54,596.	5,185.	193,498.	47,295.
RENTAL INCOME	27,099.	25,000.	20,172.	14,235.	13,812.
P/Y OVERACCRUAL PENSION TERMINATION COST				199,492.	
TOTAL	$ 43,994.	$ 79,596.	$ 25,357.	$ 407,225.	$ 61,107.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization	**Employer identification number**
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (**1**) $5,000 or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of $5,000 or more during the year. . . . . ► $ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANNENBERG FOUNDATION 2000 AVE. OF THE STARS SUITE 1000 LOS ANGELES, CA 90067	$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	KAYNE FOUNDATION 1800 AVENUE OF THE STARS 2ND FLOOR LOS ANGELES, CA 90067	$ 1,158,428.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: EXCEPTIONAL CHILDREN'S FOUNDATION

Employer identification number: 95-1690988

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
	N/A	$	

(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
		$	

Name of organization
EXCEPTIONAL CHILDREN'S FOUNDATION

Employer identification number
95-1690988

Part III *Exclusively* religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.

Complete cols **(a)** through **(e)** and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) . . . . ► $ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift Transferee's name, address, and ZIP + 4	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

(e) Transfer of gift Transferee's name, address, and ZIP + 4	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

(e) Transfer of gift Transferee's name, address, and ZIP + 4	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

(e) Transfer of gift Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

EXCEPTIONAL CHILDREN'S FOUNDATION

Employer identification number

95-1690988

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,936,578.	8,985,250.	8,854,989.	8,854,989.	
b Contributions				1,785,512.	
c Net investment earnings, gains, and losses	96,069.	1,351,328.	530,261.	-1,477,512.	
d Grants or scholarships					
e Other expenditures for facilities and programs	296,955.	400,000.	400,000.	308,000.	
f Administrative expenses					
g End of year balance	9,735,692.	9,936,578.	8,985,250.	8,854,989.	

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

- **a** Board designated or quasi-endowment ► 89.45 %
- **b** Permanent endowment ► 10.27 %
- **c** Temporarily restricted endowment ► 0.28 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	**3a(i)**		X
(ii) related organizations	**3a(ii)**		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIV the intended uses of the organization's endowment funds. SEE PART XIV

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,228,768.		7,228,768.
b Buildings		18,062,636.	9,388,095.	8,674,541.
c Leasehold improvements				
d Equipment		2,597,611.	2,393,246.	204,365.
e Other		3,534,881.	3,258,465.	276,416.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				16,384,090.

Part VII **Investments – Other Securities.** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990 Part X, column (B) line 12.).* ►		

Part VIII **Investments – Program Related.** See Form 990, Part X, line 13. N/A

(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. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX **Other Assets.** See Form 990, Part X, line 15. N/A

(a) Description	**(b)** Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

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

(a) Description of liability	**(b)** Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI **Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements** N/A

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	

Part XII **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** N/A

1	Total revenue, gains, and other support per audited financial statements			**1**	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	**2a**			
b	Donated services and use of facilities	**2b**			
c	Recoveries of prior year grants	**2c**			
d	Other (Describe in Part XIV.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	
3	Subtract line **2e** from line **1**			**3**	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIV.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			**5**	

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

1	Total expenses and losses per audited financial statements			**1**	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	**2a**			
b	Prior year adjustments	**2b**			
c	Other losses	**2c**			
d	Other (Describe in Part XIV.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	
3	Subtract line **2e** from line **1**			**3**	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIV.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			**5**	

Part XIV **Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE BOARD-DESIGNATED ENDOWMENT ($8,708,585) HAS BEEN SEGREGATED AND INVESTED, WITH THE EARNINGS TO BE USED TO SUPPORT OPERATIONS AT THE DISCRETION OF THE BOARD OF DIRECTORS.

THE PERMANENT ENDOWMENT ($1,000,000) HAS BEEN RESTRICTED IN PERPETUITY BY THE DONORS, WITH THE EARNINGS (CALCULATED USING THE TOTAL RETURN METHOD) FROM THE ENDOWMENT TO BE

Part XIV Supplemental Information *(continued)*

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)

USED AT THE DISCRETION OF THE BOARD OF DIRECTORS.

THE TERM ENDOWMENT (27,107) CONSISTS OF ACCUMULATED EARNINGS FROM THE PERMANENT ENDOWMENT NOT YET APPROPRIATED FOR EXPENDITURE.

Part XIV Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
EXCEPTIONAL CHILDREN'S FOUNDATION

Employer identification number
95-1690988

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☒ **No**

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in column **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ►							0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 ANGELS (event type)	(b) Event #2 FUKAMAKI GOLF (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	129,450.	62,924.	7,000.	199,374.
	2 Less: Charitable contributions	129,450.	43,205.	7,000.	179,655.
	3 Gross income (line 1 minus line 2)		19,719.		19,719.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes		6,278.		6,278.
	6 Rent/facility costs		12,093.		12,093.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		1,348.		1,348.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				19,719.
	11 Net income summary. Combine line 3, column (d), and line 10 ►				

Part III **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7 ►				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $ _____ and the amount of gaming revenue retained by the third party ► $ _____.

c If 'Yes,' enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► $ _____

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization

EXCEPTIONAL CHILDREN'S FOUNDATION

Employer identification number

95-1690988

Part 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. Explain in Part III.		
	☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? **4c**		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 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:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	If 'Yes' to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? **6a**		X
b	Any related organization? **6b**		X
	If 'Yes' to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III **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**		

Part II 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 columns (D) and (E) amounts for that individual.

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus and incentive compensation	**(iii)** Other reportable compensation				
SCOTT D. BOWLING,	(i)	225,522.	0.	0.	0.	3,198.	228,720.	0.
1 PSY. D.	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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, for Part II. Also complete this part for any additional information.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► **Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

EXCEPTIONAL CHILDREN'S FOUNDATION

Employer identification number

95-1690988

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity? Yes	(g) Sec 512(b)(13) controlled entity? No
(1) VALVERDE, INC. 8740 WEST WASHINGTON BLVD CULVER CITY, CA 90232 95-3882838	GROUP HOME FOR THE DEVELOPMENTALLY DISABLED	CA	501(C)(3)	LINE 2	N/A		X
(2) ERAS HOME II 8740 WEST WASHINGTON BLVD CULVER CITY, CA 90232 95-4536619	GROUP HOME FOR THE DEVELOPMENTALLY DISABLED	CA	501(C)(3)	LINE 9	N/A		X
(3)							
(4)							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

		Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity		X
b	Gift, grant, or capital contribution to related organization(s)		X
c	Gift, grant, or capital contribution from related organization(s)		X
d	Loans or loan guarantees to or for related organization(s)	X	
e	Loans or loan guarantees by related organization(s)		X
f	Sale of assets to related organization(s)		X
g	Purchase of assets from related organization(s)		X
h	Exchange of assets with related organization(s)		X
i	Lease of facilities, equipment, or other assets to related organization(s)		X
j	Lease of facilities, equipment, or other assets from related organization(s)		X
k	Performance of services or membership or fundraising solicitations for related organization(s)	X	
l	Performance of services or membership or fundraising solicitations by related organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
n	Sharing of paid employees with related organization(s)	X	
o	Reimbursement paid to related organization(s) for expenses		X
p	Reimbursement paid by related organization(s) for expenses	X	
q	Other transfer of cash or property to related organization(s)		X
r	Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	VALVERDE, INC.	D	186,032.	FAIR VALUE
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
EXCEPTIONAL CHILDREN'S FOUNDATION

Employer identification number
95-1690988

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE MISSION OF EXCEPTIONAL CHILDREN'S FOUNDATION (ECF) IS TO PROVIDE THE HIGHEST QUALITY SERVICES FOR CHILDREN AND ADULTS WHO ARE CHALLENGED WITH DEVELOPMENTAL, LEARNING, AND EMOTIONAL DISABILITIES-EMPOWERING THEM TO REACH THEIR GREATEST POTENTIAL.

ECF WAS FOUNDED IN 1946 BY A GROUP OF CONCERNED PARENTS SEEKING TO ESTABLISH AN ALTERNATIVE TO INSTITUTIONALIZED CARE FOR THEIR CHILDREN WITH DEVELOPMENTAL DISABILITIES. OVER THE YEARS, ECF'S SERVICES ADAPTED TO MEET THE CHANGING NEEDS OF ITS VULNERABLE TARGET POPULATION. EARLY INTERVENTION PROGRAMS FOR INFANTS AND TODDLERS WERE SUCCESSFULLY DEVELOPED AND IMPLEMENTED, AS WELL AS RESIDENTIAL, WORK AND ACTIVITY PROGRAMS FOR ADULTS. IN 2008, ECF MERGED WITH KAYNE ERAS CENTER (KEC), ADDING A K-12 EDUCATIONAL COMPONENT AND A DIAGNOSTIC AND THERAPEUTIC CENTER TO ECF'S PROGRAMS.

TODAY, ECF SERVES APPROXIMATELY 2,600 CLIENTS OF ALL AGES AND THEIR FAMILIES ANNUALLY THROUGH 15 SITES IN LOS ANGELES COUNTY. ECF IS THE ONLY ORGANIZATION OF ITS KIND IN CALIFORNIA THAT PROVIDES A LIFESPAN OF SERVICES FOR CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES. THE NEED FOR ECF'S CONTINUUM OF SERVICES IS ONGOING AND GROWS EACH YEAR. MANY CLIENTS WILL NEED SUPPORT THROUGHOUT THEIR LIFETIMES TO LIVE AS INDEPENDENTLY AS POSSIBLE AND TO LEAD FULFILLING AND SAFE LIVES.

CLIENTS ARE CHALLENGED WITH ONE OR MORE OF THE FOLLOWING: DEVELOPMENTAL DELAYS, AUTISM, DOWN SYNDROME, CEREBRAL PALSY, LEARNING/INTELLECTUAL DISABILITIES, EMOTIONAL DISTURBANCES, SPEECH AND LANGUAGE IMPAIRMENTS, OR TRAUMATIC BRAIN INJURIES. WE INCLUDE FAMILY MEMBERS IN OUR SERVICES TO HELP THEM BECOME STRONG SUPPORTERS AND

Name of the organization: EXCEPTIONAL CHILDREN'S FOUNDATION

Employer identification number: 95-1690988

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

ADVOCATES FOR THEIR LOVED ONES. APPROXIMATELY 92% OF ECF CLIENT FAMILIES ARE LOW-INCOME.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ECF'S PAR OR WORK ACTIVITY SERVICES PROVIDE FIVE-DAYS-A-WEEK ON-THE-JOB TRAINING, CLASSES, SKILLS ASSESSMENTS AND OTHER OPPORTUNITIES FOR MORE THAN 160 DEVELOPMENTALLY DISABLED ADULTS TO EARN WHILE THEY LEARN EACH YEAR. OVERALL MORE THAN ONE-THIRD OF PAR CLIENTS HAVE DOWN SYNDROME; AND MORE THAN HALF ARE MILDLY OR MODERATELY INTELLECTUALLY DISABLED. AT ECF SITES IN CULVER CITY AND SANTA FE SPRINGS, WORKERS LEARN SPECIFIC JOB TASKS, AS WELL AS WORK HABITS AND SOCIAL SKILLS, WHILE FULFILLING CONTRACT WORK FROM GOVERNMENT AGENCIES AND LOCAL AND REGIONAL COMMUNITY BUSINESSES. WORK TASKS INCLUDE BLISTER PACKAGING, HEAT-SEALING, SHRINK WRAPPING, COLLATING, STUFFING AND ASSEMBLY. THIS PROGRAM HAS OFFERED FACILITY-BASED VOCATIONAL TRAINING AND PAID WORK TO ADULTS WITH DISABILITIES SINCE 1956.

THE SUPPORTED EMPLOYMENT PROGRAM PROVIDES AN ARRAY OF SERVICES TO SUPPORT SOME 100 ADULTS WITH DEVELOPMENTAL DISABILITIES ANNUALLY IN SUCCESSFUL PLACEMENT IN WORK OPPORTUNITIES IN THE COMMUNITY. MOST CLIENTS' PRIMARY DIAGNOSIS IS MILD, MODERATE OR BORDERLINE INTELLECTUAL DISABILITY, AUTISM, OR DOWN SYNDROME. PROGRAM COMPONENTS INCLUDE INTEREST ASSESSMENT AND JOB MATCHING, JOB PLACEMENT, ON-THE-JOB TRAINING AND SUPPORT, AND CASE MANAGEMENT. TYPICAL PLACEMENTS INCLUDE WORK IN THE FOLLOWING AREAS: CLERICAL, JANITORIAL, GROUNDS MAINTENANCE, AND FOOD SERVICE.

THE ART CENTER PROGRAM PROVIDES FINE ARTS TRAINING, LIFE SKILLS AND CASE MANAGEMENT FOR DISABLED ADULTS, THE MAJORITY OF WHOM HAVE A DIAGNOSIS OF MILD TO MODERATE INTELLECTUAL DISABILITY, AUTISM, OR CEREBRAL PALSY. THE CENTERS PROVIDE FULL-DAY PROGRAMMING FIVE DAYS A WEEK TO MORE THAN 130 PROGRAM PARTICIPANTS WITH PROFESSIONAL

Name of the organization: EXCEPTIONAL CHILDREN'S FOUNDATION

Employer identification number: 95-1690988

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ART INSTRUCTORS IN STUDIO FACILITIES AT FOUR LOCATIONS: DOWNTOWN LOS ANGELES, SOUTH LOS ANGELES, CULVER CITY, AND SAN PEDRO. ART INSTRUCTION IS OFFERED IN A VARIETY OF MEDIUMS, SUCH AS WATER COLOR, OIL, PEN AND INK, PRINTMAKING AND CERAMICS. COMPLIMENTARY SERVICES INCLUDE INDEPENDENT LIVING SKILLS, COUNSELING AND BEHAVIOR MANAGEMENT. NATIONALLY RECOGNIZED FOR ITS LEADERSHIP IN DEMONSTRATING THAT INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES OFTEN POSSESS STRONG ARTISTIC ABILITIES, MANY OF THE PROGRAM'S PARTICIPATING ARTISTS HAVE WON AWARDS IN JURIED SHOWS THROUGHOUT THE COUNTRY.

THE DEVELOPMENTAL ACTIVITY CENTERS OFFER DAY PROGRAMS FOR 170 ADULT CLIENTS WITH MODERATE TO PROFOUND DEVELOPMENTAL DISABILITIES AT TWO LOCATIONS: CULVER CITY AND CENTRAL LOS ANGELES. THE PROGRAM PROVIDES FULL-DAY SERVICES FIVE DAYS A WEEK THAT INCLUDE VITAL TRAINING IN SELF-HELP, DOMESTIC, VOCATIONAL, RECREATIONAL, SOCIAL AND COMMUNITY USE SKILLS. PARTICIPANTS LEARN ABOUT PERSONAL GROOMING, COOKING, TAKING PUBLIC TRANSPORTATION AND MUCH MORE, ALL WITH RESPECT FOR EACH INDIVIDUAL'S ABILITY LEVEL. ON-SITE PRACTICE IS REINFORCED THROUGH COMMUNITY INTEGRATION EXPERIENCES IN REAL-LIFE SETTINGS SUCH AS TRIPS TO THE GROCERY STORE TO PRACTICE SHOPPING, TRIPS TO COMMUNITY ART FAIRS, PICNICS IN THE PARK; AS WELL AS A RANGE OF VOLUNTEER OPPORTUNITIES. OUR ADULT DAY PROGRAM COMPONENT OFFERS SIMILAR INSTRUCTION WITH MORE INTENSIVE ONE-ON-ONE CARE FOR CLIENTS WHO REQUIRE ADDITIONAL SUPPORT. A YOUNG AT HEART COMPONENT OFFERS RECREATIONAL, HEALTH AND FITNESS ACTIVITIES SPECIFICALLY DESIGNED FOR AGING ADULTS AND SENIORS WITH SPECIAL NEEDS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED AND APPROVED BY AN OUTSIDE CONSULTANT, MANAGEMENT, AND THE BUDGET AND FINANCE COMMITTEE. A COPY OF THE FINAL FORM 990 IS THEN SENT

Name of the organization: EXCEPTIONAL CHILDREN'S FOUNDATION

Employer identification number: 95-1690988

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

ELECTRONICALLY TO ALL BOARD MEMBERS PRIOR TO IT BEING FILED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

A CONFLICT OF INTEREST POLICY HAS BEEN APPROVED BY THE BOARD OF DIRECTORS. A CONFLICT OF INTEREST DISCLOSURE STATEMENT INCLUDING A LIST OF MAJOR VENDORS WITH WHOM THE FOUNDATION TRANSACTED BUSINESS DURING THE PREVIOUS YEAR IS FURNISHED ANNUALLY TO EACH DIRECTOR, OFFICER, AND MEMBER OF THE EXECUTIVE STAFF OF THE ORGANIZATION. THE FORMS ARE REVIEWED AND SIGNED BY EACH MEMBER WITH ANY CONFLICTS NOTED AND RETURNED TO THE STAFF MEMBER WHO HANDLES BOARD AFFAIRS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, INDEPENDENT OF MANAGEMENT, WHICH OBTAINS COMPARATIVE COMPENSATION INFORMATION, REVIEWS AND APPROVES THE COMPENSATION OF THE PRESIDENT & CEO, AND DOCUMENTS THE RESULTS IN A WRITTEN EMPLOYMENT CONTRACT AND IN WRITTEN MEETING SUMMARIES.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, INDEPENDENT OF MANAGEMENT, WHICH REVIEWS COMPARATIVE COMPENSATION INFORMATION AND APPROVES EXECUTIVE COMPENSATION. RESULTS ARE INCLUDED IN WRITTEN MEETING SUMMARIES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO EXECUTIVE STAFF AND THE BOARD OF DIRECTORS. UPON REQUEST FROM THE GENERAL PUBLIC, THE ORGANIZATION WILL PROVIDE ACCESS TO THESE DOCUMENTS AS REQUIRED BY LAW.

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS	$ -690,730.
TOTAL	$ -690,730.

Form **8868**
(Rev January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

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

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

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

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
EXCEPTIONAL CHILDREN'S FOUNDATION	[X] 95-1690988
Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
8740 WEST WASHINGTON BLVD	[ ]
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
CULVER CITY, CA 90232	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of . ► DENISE ORME

  Telephone No. ► 310-845-8025 FAX No. ► (310) 845-8001
- If the organization does not have an office or place of business in the United States, check this box . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ► [ ]. If it is for part of the group, check this box . . ► [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20____ or

► [X] tax year beginning 7/01, 20 11, and ending 6/30, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3b**	$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$	0.

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

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
Type or print	EXCEPTIONAL CHILDREN'S FOUNDATION	[X] 95-1690988
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. RBZ LLP 11766 WILSHIRE BLVD NINTH FL	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90025	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in care of. ► DENISE ORME
  Telephone No. ► 310-845-8025 FAX No. ► (310) 845-8001
- If the organization does not have an office or place of business in the United States, check this box . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . _____ . If this is for the whole group, check this box . . . ► [ ] . If it is for part of the group, check this box . . ► [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 5/15 , 20 13.

5 For calendar year ____ , or other tax year beginning 7/01 , 20 11 , and ending 6/30 , 20 12.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension . . TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature ► Title ► PRESIDENT & CEO Date ►

BALANCE SHEET
INTANGIBLE ASSETS [O]

DEFERRED FINANCING COSTS, NET		$ 247,879.
	TOTAL	$ 247,879.

TAXABLE YEAR **2011**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2011 or fiscal year beginning month 07 day 01 year 2011 , and ending month 06 day 30 year 2012

Corporation/Organization Name: EXCEPTIONAL CHILDREN'S FOUNDATION

California corporation number: C-0202426

Address (suite, room, or PMB no.): 8740 WEST WASHINGTON BLVD

FEIN: 95-1690988

City: CULVER CITY, CA 90232

State ZIP Code:

A First Return ☐ Yes ☒ No

B Amended Return ● ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust ☐ Yes ☒ No

D Final Return ☐ Yes ☒ No

● ☐ Dissolved ● ☐ Surrendered (Withdrawn)

● ☐ Merged/Reorganized Enter date: ● _____

E Check accounting method:

1 ☐ Cash 2 ☒ Accrual 3 ☐ Other

F Federal return filed?

1 ● ☐ 990T 2 ● ☐ 990 (PF) 3 ● ☐ Sch H (990)

G Is this a group filing for the subordinates/affiliates? ☐ Yes ☒ No

If 'Yes,' attach a roster. See instructions

H Is this organization in a group exemption? ● ☐ Yes ☒ No

If 'Yes,' What's the parent's name?

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? ● ☐ Yes ☒ No

If 'Yes,' explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? ● ☐ Yes ☒ No

If 'Yes,' complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No

If 'Yes,' enter gross receipts from nonmember sources $ _____

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. ● ☒

M Is the organization a Limited Liability Company? ● ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ● ☐ Yes ☒ No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●		1	13,293,584.
	2	Gross dues and assessments from members and affiliates ●		2	
	3	Gross contributions, gifts, grants, and similar amounts received SEE SCH. B ●		3	20,328,701.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $25,000, see General Instruction B ●		4	33,622,285.
	5	Cost of goods sold ●	5		
	6	Cost or other basis, and sales expenses of assets sold ●	6	8,897,465.	
	7	Total costs. Add line 5 and line 6		7	8,897,465.
	8	Total gross income. Subtract line 7 from line 4 ●		8	24,724,820.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●		9	23,393,565.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●		10	1,331,255.
Filing Fee	11	Filing fee $10 or $25. See General Instruction F		11	
	12	Total payments		12	
	13	Penalties and Interest. See General Instruction J		13	
	14	Use tax. See General Instruction K ●		14	
	15	**Balance due.** Add line 11, line 13, and line 14. Then subtract line 12 from the result		15	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ► | Title: PRESIDENT & CEO | Date | ● Telephone: (310) 204-3300

Paid Preparer's Use Only

Preparer's signature ► | Date | Check if self-employed ► ☐ | ● Paid PTIN: P00444081

Firm's name (or yours, if self-employed) and address ► RBZ LLP, 11766 WILSHIRE BLVD NINTH FL, LOS ANGELES, CA 90025 | ● FEIN: 95-3439541 | ● Telephone: (310) 478-4148

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

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	
	3	Dividends	3	478,375.
	4	Gross rents	4	27,099.
	5	Gross royalties	5	1,284.
	6	Gross amount received from sale of assets (See instructions)	6	9,238,076.
	7	Other income. Attach schedule SEE STATEMENT 1	7	3,548,750.
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	13,293,584.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	756,651.
	12	Other salaries and wages	12	12,311,313.
	13	Interest	13	364,438.
	14	Taxes	14	1,146,066.
	15	Rents	15	362,806.
	16	Depreciation and depletion (See instructions)	16	730,211.
	17	Other Expenses and Disbursements. Attach schedule SEE STATEMENT 2	17	7,722,080.
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	23,393,565.

Schedule L **Balance Sheets**

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		3,003,518.		2,523,554.
2 Net accounts receivable		3,620,464.		3,963,383.
3 Net notes receivable				
4 Inventories		179,808.		160,045.
5 Federal and state government obligations				
6 Investments in other bonds STMT 3		321,657.		1,850,591.
7 Investments in stock STMT 4		10,600,524.		8,501,356.
8 Mortgage loans				
9 Other investments Attach schedule				
10a Depreciable assets	23,000,011.		24,195,128.	
b Less accumulated depreciation	14,318,320.	8,681,691.	15,039,806.	9,155,322.
11 Land		6,681,768.		7,228,768.
12 Other assets. Attach schedule STM 5		914,884.		1,542,043.
13 Total assets		34,004,314.		34,925,062.
Liabilities and net worth				
14 Accounts payable		1,465,580.		1,392,878.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable ST 6		2,168,688.		2,302,956.
17 Mortgages payable		4,552,764.		4,771,421.
18 Other liabilities. Attach schedule				
19 Capital stock or principle fund		25,817,282.		26,457,807.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		34,004,314.		34,925,062.

Schedule M-1 **Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $25,000

1	Net income per books	640,525.	7	Income recorded on books this year not included in this return. Attach schedule SEE ST 8 -395,475.
2	Federal income tax			
3	Excess of capital losses over capital gains			
4	Income not recorded on books this year. Attach schedule		8	Deductions in this return not charged against book income this year. Attach schedule
5	Expenses recorded on books this year not deducted in this return. Attach schedule SEE ST 7	295,255.	9	Total. Add line 7 and line 8 -395,475.
6	Total. Add line 1 through line 5	935,780.	10	Net income per return. Subtract line 9 from line 6 1,331,255.

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

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization	**Employer identification number**
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

[ ] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (**1**) $5,000 or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of $5,000 or more during the year. . . . . ► $ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	1011 FOUNDATION 3435 OCEAN PARK BLVD #107K SANTA MONICA, CA 90405	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	ALBERT & TAMARA RABIL 8740 WEST WASHINGTON BLVD CULVER CITY, CA 90232	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	ALLEN D KOHL CHARITABLE FOUNDATION 11990 SAN VICENTE BLVD SUITE 200 LOS ANGELES, CA 90049	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	ANNENBERG FOUNDATION 2000 AVE. OF THE STARS SUITE 1000 LOS ANGELES, CA 90067	$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	AUDREY & SYDNEY IRMAS FOUNDATION 5045 RUBIO AVE ENCINO, CA 91436	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	BRUCE KARATZ FAMILY FOUNDATION 680 STONE CANYON ROAD LOS ANGELES, CA 90077	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CALIFORNIA COMMUNITY FOUNDATION 445 S FIGUEROA ST SUITE 3400 LOS ANGELES, CA 90071	$ 22,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	CARL & ROBERTA DEUTSCH FOUNDATION 2444 WILSHIRE BLVD. #600 SANTA MONICA, CA 90403	$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9	CARL E WYNN FOUNDATION 444 S FLOWER ST STE 1700 LOS ANGELES, CA 90071	$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10	CARRIE ESTELLE DOHENY FOUNDATION 707 WILSHIRE BLVD SUITE 4960 LOS ANGELES, CA 90017	$ 14,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11	CHAPMAN & ASSOCIATES FOUNDATION 265 N SAN GABRIEL BLVD PASADENA, CA 91107	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12	COUNTY OF LA/ZEV YAROSLAVSKY (3RD DISTRI 500 WEST TEMPLE ST LOS ANGELES, CA 90012	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	COUNTY OF LOS ANGELES-MARK RIDLEY THOMAS 500 WEST TEMPLE ST RM 502 LOS ANGELES, CA 90012	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
14	D & C BROWN 19401 S VERMONT AVE TORRANCE, CA 90502	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
15	DAVID & MIRIAM FINDLEY 1802 EDGEWOOD DR PALO ALTO, CA 94303	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
16	EDISON INTERNATIONAL P.O. BOX 700 ROSEMEAD, CA 91770	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
17	FISCHMANN FAMILY FOUNDATION 4849 ENCINO AVE ENCINO, CA 91316	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
18	GARY BRINSON 219 E LAKE SHORE DR 3AB CHICAGO, IL 60611	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	GARY LIEBERTHAL 991 BEL AIR RD LOS ANGELES, CA 90077	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
20	GENE & MAXINE ROSENFELD FAMILY FOUNDATIO 10601 WILSHIRE BLVD APT 20E LOS ANGELES, CA 90024	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
21	GEORGE W SCHAEFFER FOUNDATION 716 N MAPLE DR BEVERLY HILLS, CA 90210	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
22	GLACIER WATER SERVICES 1385 PARK CENTER DRIVE VISTA, CA 92081	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
23	HARRY BRONSON & EDITH KNAPP FOUNDATION 4705 LAUREL CANYON BLVD. STE 204 VALLEY VILLAGE, CA 91607	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
24	HUMANA P.O. BOX 740083 LOUISVILLE, KY 40202	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	JAMES & JANE STERN 38 TAYLOR LANE HARRISON, NY 10528	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
26	JOHN CARSON FOUNDATION 16000 VENTURA BLVD SUITE 900 ENCINO, CA 91436	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
27	JONATHAN & SHERYL SOKOLOFF 201 BARODA DR LOS ANGELES, CA 90077	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
28	JOYCE ARAD 10202 W WASHINGTON BLVD SUITE 200 CULVER CITY, CA 90232	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
29	KAYNE ANDERSON CAPITAL ADVISORS FOUNDATI 1800 AVENUE OF THE STARS 3RD FLOOR LOS ANGELES, CA 90067	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
30	KAYNE FOUNDATION 1800 AVENUE OF THE STARS 2ND FLOOR LOS ANGELES, CA 90067	$ 1,158,428.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	KENNETH & EILEEN NORRIS FOUNDATION 11 GOLDEN SHORE SUITE 430 LONG BEACH, CA 90802	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
32	KRESA FAMILY FOUNDATION C/O JOLENE EVANS 2049 CENTURY PARK EAST SUITE 1150 LOS ANGELES, CA 90067	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
33	LAUREL CHAD 4227 BRITTANIA DR. SW CALGARY, AB T2S1J4 CANADA	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
34	LESLIE & NANCY ABELL 11601 WILSHIRE BLVD SUITE 2200 LOS ANGELES, CA 90025	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
35	LEVI STRAUSS & CO 1155 BATTERY ST SAN FRANCISCO, CA 94111	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
36	LON V SMITH FOUNDATION 9440 SANTA MONICA BLVD SUITE 300 BEVERLY HILLS, CA 90210	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	LOOKING ABOVE & BEYOND INC 1158 SHADOW HILL WAY BEVERLY HILLS, CA 90210	$ 13,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
38	LOUIS & HAROLD PRICE FOUNDATION 1371 E HECLA DR SUITE B-1 LOUISVILLE, CO 80027	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
39	MARK & DEBORAH ATTANASIO 16130 VENTURA BLVD SUITE 320 ENCINO, CA 91436	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
40	MCNEELY FOUNDATION - ARMAR A ARCHBOLD 444 PINE ST SAINT PAUL, MN 55101	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
41	MERLE NORMAN COSMETICS 9130 BELLANCA AVE LOS ANGELES, CA 90045	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
42	MOSS FOUNDATION 1414 SIXTH STREET SANTA MONICA, CA 90401	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	NETHERCUTT FAMILY TRUST 600 AMALFI DR. PACIFIC PALISADES, CA 90272	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
44	NORTHROP GRUMMAN 8710 FREEPORT PARKWAY SUITE 200 IRVING, TX 75063	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
45	PAUL ZIMMERMAN 22020 PACIFIC COAST HIGHWAY MALIBU, CA 90265	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
46	PHILIP & JOAN MILLER 22723 CALVERT ST WOODLAND HILLS, CA 91367	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
47	RALPH COLLINS WALTER 1800 AVENUE OF THE STARS 2ND FLOOR LOS ANGELES, CA 90067	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
48	RICHARD RIORDAN FUND - CA COMMUNITY FOUN P.O. BOX 491190 LOS ANGELES, CA 90049	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	ROBERT & KATHLEEN ECKERT FUND 2001 PASEO DEL MAR PALOS VERDES ESTATES, CA 90274	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
50	ROBERT A DAY FOUNDATION 865 SOUTH FIGUEROA ST SUITE 700 LOS ANGELES, CA 90017	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
51	S. MARK TAPER FOUNDATION 12011 SAN VICENTE BLVD SUITE 400 LOS ANGELES, CA 90049	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
52	SHANE'S INSPIRATION 15213 BURBANK BLVD SHERMAN OAKS, CA 91411	$ 24,043.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
53	SHARE INC. P.O. BOX 1342 BEVERLY HILLS, CA 90213	$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
54	SHERI & LES BILLER FAMILY FOUNDATION 10877 WILSHIRE BLVD SUITE 1703 LOS ANGELES, CA 90024	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	SKIRBALL FOUNDATION 31 WEST 52ND ST 21ST FLOOR NEW YORK, NY 10019	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
56	SOL & LYNN LEVINE FAMILY TRUST 1275 E GREEN STREET PASADENA, CA 91106	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
57	STANLEY & JOYCE BLACK FOUNDATION 433 N CAMDEN DR STE 1070 BEVERLY HILLS, CA 90210	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
58	STATE OF CALIFORNIA 1430 N ST. STE. 2213 SACRAMENTO, CA 95814	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
59	STONE FAMILY FUND - CA COMMUNITY FOUNDAT 221 S FIGUEROA ST SUITE 400 LOS ANGELES, CA 90012	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
60	SUZANNE & DAVID BOOTH 4107 LAKEPLACE LN AUSTIN, TX 78746	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	TAHL PROPP OPERATIONS 405 PARK AVE SUITE 1103 NEW YORK, NY 10022	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
62	TARGOFF FAMILY FOUNDATION 8740 WEST WASHINGTON BLVD CULVER CITY, CA 90232	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
63	THE BOOTH HERITAGE FOUNDATION INC 4107 LAKEPLACE LN AUSTIN, TX 78746	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
64	THE ERNEST HERMAN FOUNDATION 1900 AVE OF THE STARS 21ST FLR LOS ANGELES, CA 90067	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
65	THE SAN FRANCISCO FOUNDATION 225 BUSH STREET SUITE 500 SAN FRANCISCO, CA 94104	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
66	THE SIRAGUSA FOUNDATION ONE EAST WACKER DRIVE SUITE 2910 CHICAGO, IL 60601	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	THOMAS H GILMOUR 300 W GLENOAKS BLVD SUITE 301 GLENDALE, CA 91202	$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
68	US BANK 4000 W BROADWAY ROBBINSDALE, MN 55422	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
69	VANGUARD CHARITABLE/BRUCE & NANCY NEWBER P.O. BOX 5566 BOSTON, MA 02205	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
70	WEINGART FOUNDATION 1055 WEST SEVENTH ST SUITE 3050 LOS ANGELES, CA 90017	$ 205,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
71	WHITTIER TRUST COMPANY 1600 HUNTINGTON DRIVE SOUTH PASADENA, CA 91030	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
72	WKD FOUNDATION 865 SOUTH FIGUEROA ST SUITE 700 LOS ANGELES, CA 90017	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization
EXCEPTIONAL CHILDREN'S FOUNDATION

Employer identification number
95-1690988

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
	N/A	$	

(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
		$	

Name of organization
EXCEPTIONAL CHILDREN'S FOUNDATION

Employer identification number
95-1690988

Part III *Exclusively* religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.

Complete cols **(a)** through **(e) and** the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) . . . . ► $ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS	$ 19,719.
MISC INCOME	43,994.
PROGRAM SERVICE REVENUE	3,485,037.
TOTAL	$ 3,548,750.

STATEMENT 2
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES	$ 72,688.
AGENCY/ASSOCIATION DUES	21,438.
CLIENT/TRAINEE PAYROLL,	705,891.
EQUIPMENT RENTAL & MAIN	148,495.
EVENTS AND PUBLICATIONS	24,504.
FACILITY MAINTENANCE	500,811.
INSURANCE	187,844.
LEGAL FEES	38,808.
MISCELLANEOUS EXPENSES	133,461.
OFFICE EXPENSES	108,192.
OTHER EMPLOYEE BENEFIT	1,830,725.
OTHER FEES	1,437,311.
OTHER PRODUCTION COSTS	189,722.
PRODUCTION RELATED EXPENSES	284,475.
PROGRAM SUPPLIES	347,482.
SPECIAL EVENT EXPENSES	19,719.
STAFF MILEAGE	118,785.
STAFF SUPPORT	65,211.
STAFF TRAINING & DEVELOPMENT	35,832.
TAXES AND LICENSES	95,776.
TELEPHONE	223,218.
TRANSPORTATION EXPENSE	852,483.
UTILITIES	279,209.
TOTAL	$ 7,722,080.

STATEMENT 3
FORM 199, SCHEDULE L, LINE 6
INVESTMENTS IN OTHER BONDS

CORPORATE BONDS	$ 1,850,591.
MONEY MARKET FUNDS	0.
TOTAL	$ 1,850,591.

STATEMENT 4
FORM 199, SCHEDULE L, LINE 7
INVESTMENTS IN STOCKS

COMMON STOCK	$ 3,906,964.
MUTUAL FUNDS	4,594,392.
TOTAL	$ 8,501,356.

STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

BOND RESERVES	90,286.
CONSTRUCTION IN PROGRESS	776,184.
DUE FROM ERAS HOME II	36,497.
DUE FROM VALVERDE, INC.	186,032.
NET INTANGIBLE ASSETS	99,555.
PREPAID EXPENSES AND DEFERRED CHARGES	162,408.
REPLACEMENT RESERVES	99,155.
RESIDUAL RECEIPTS RESERVES	83,934.
TENANT SECURITY DEPOSITS	7,992.
TOTAL	$ 1,542,043.

STATEMENT 6
FORM 199, SCHEDULE L, LINE 16
BONDS AND NOTES PAYABLE

OTHER NOTES PAYABLE		BALANCE DUE
LENDER'S NAME:	MERRILL LYNCH	
INTEREST RATE:	1.4932	
SECURITY PROVIDED:	INVESTMENTS	
BALANCE DUE:		2,302,956.
	TOTAL OTHER NOTES PAYABLE	$ 2,302,956.
	TOTAL NOTES AND BONDS PAYABLE	$ 2,302,956.

STATEMENT 7
FORM 199, SCHEDULE M-1, LINE 5
EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN

DONATED ATTORNEY SERVICES	$ 295,255.
TOTAL	$ 295,255.

STATEMENT 8
FORM 199, SCHEDULE M-1, LINE 7
INCOME RECORDED ON BOOKS NOT ON RETURN

DONATED ATTORNEY SERVICES	$ 295,255.
UNREALIZED LOSSES ON INVESTMENTS	-690,730.
TOTAL	$ -395,475.

IN

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

WEBSITE 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-00859

EXCEPTIONAL CHILDREN'S FOUNDATION
Name of Organization

8740 WEST WASHINGTON BLVD
Address (Number and Street)

CULVER CITY, CA 90232
City or Town State ZIP Code

Check if:
- ☐ **Change of address**
- ☐ **Amended report**

Corporate or Organization No. C-0202426

Federal Employer ID No. 95-1690988

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than $25,000	0	Between $100,001 and $250,000	$50	Between $1,000,001 and $10 million	$150
Between $25,000 and $100,000	$25	Between $250,001 and $1 million	$75	Between $10,000,001 and $50 million	$225
				Greater than $50 million	$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/11 **ending** 6/30/12 **) list:**

Gross annual revenue $ 24,705,101. **Total assets** $ 34,925,062.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

		Yes	No
1	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	☐	X
2	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	☐	X
3	During this reporting period, did non-program expenditures exceed 50% of gross revenues?	☐	X
4	During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	☐	X
5	During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	☐	X
6	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 1	X	☐
7	During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	☐	X
8	Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. SEE STATEMENT 2	X	☐
9	Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	☐

Organization's area code and telephone number (310) 204-3300

Organization's e-mail address DORME@ECF.NET

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

SCOTT D. BOWLING	PRESIDENT & CEO	
Signature of authorized officer	Printed Name	Title	Date

STATEMENT 1
FORM RRF-1, PART B, LINE 6
GOVERNMENT AGENCY THAT PROVIDED FUNDING

DEPARTMENT OF REHABILITATION
GLAD - DISTRICT 440
3333 WILSHIRE BLVD, SUITE 200
LOS ANGELES, CA 90010
CONTACT: LIBERTY HERNANDEZ
BUSINESS: (213) 736-4831

MEDI-CAL (STATE OF CALIFORNIA)
P.O. BOX 15300
SACRAMENTO, CA 95813-4029
BUSINESS: (800) 541-5555

DEPARMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) - LOS ANGELES
611 W. 6TH STREET
9TH FLOOR
LOS ANGELES, CA 90017
CONTACT: ARLENE COMBS
BUSINESS: (213) 534-2618

LOS ANGELES UNIFIED SCHOOL DISTRICT
333 S. BEAUDRY AVE., 17TH FLOOR
LOS ANGELES, CA 90017
MARILOU GAMBOA - (213) 241-8027

INGLEWOOD UNIFIED SCHOOL DISTRICT
401 S. INGLEWOOD AVE.
INGLEWOOD, CA 90301
CYNTHIA GUERRERO - (310) 419-2714
PATRICIA TAN - (310) 419-2700 X3031

SANTA MONICA/MALIBU USD
1651 16TH STREET
SANTA MONICA, CA 90404
VIDA - (310) 450-8338 X 70251

CULVER CITY UNIFIED SCHOOL DISTRICT
4034 IRVING PLACE
CULVER CITY, CA 90232
LISA FLECK-SMITH - (310) 842-4220

REDONDO BEACH UNIFIED SCHOOL DISTRICT
1107 VINCENT STREET
REDONDO BEACH, CA 90277
AILEEN SMITH SUVAN - (310) 937,1247

COMPTON UNIFIED SCHOOL DISTRICT
2300 WEST CALDWELL STREET
COMPTON, CA 90220
RUTH DICKENS - (310) 639-4321

CENTINELA VALLEY UNION HIGH SCHOOL DISTRICT
14901 S. INGLEWOOD AVE.
LAWNDALE, CA 90260
ADELE CLARK - (310) 263-3185

STATEMENT 2
FORM RRF-1, PART B, LINE 8
VEHICLE DONATION PROGRAM INFORMATION

EXCEPTIONAL CHILDREN'S FOUNDATION CONTRACTS WITH A COMMERCIAL FUNDRAISER FOR ITS VEHICLE DONATION PROGRAM. THERE WERE NO TRANSACTIONS DURING THE YEAR.

CALIFORNIA DEDUCTIONS (FORM 199)
COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES [O]

SCOTT D. BOWLING, PSY. D.	$	240,583.
SONHUI ROBILOTTA		134,407.
KAREN KATO SHOKRAI		132,921.
EMILY LLOYD		124,204.
DEBBI WINTER		124,536.
TOTAL	$	756,651.