

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder 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

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type
See
specific
instruc-
tionsEXCEPTIONAL CHILDREN'S FOUNDATION
8740 WEST WASHINGTON BLVD
CULVER CITY, CA 90232

D Employer Identification Number

95-1690988

E Telephone number

(310) 204-3300

F Accounting method

☐ Cash☒ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ)

H and I are not applicable to Section 527 organizations

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

H (b) If yes, enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If no, attach a list. See instructions.)

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

I Enter 4 digit group GEN ▶

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

G Web site ▶ ECF-LA.ORG

J Organization type

(check only one) ▶ ☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS, but if the organization
received a Form 990 Package in the mail, it should file a return without financial data.
Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 14,655,689

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	837,510		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 837,510 noncash \$)	1d	837,510		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	11,193,132		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5	295,060		
6a	Gross rents	6a	58,457		
b	Less: rental expenses	6b			
c	Net rental income or loss (subtract line 6b from line 6a)	6c	58,457		
7	Other investment income (describe) ▶	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	2,235,243	8a	
b	Less: cost or other basis and sales expenses	(B) Other	3,043,464	8b	
c	Gain or (loss) (attach Schedule D)		-808,221	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	-808,221		
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	36,287		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	11,612,225		
13	Program services (from line 44, column (B))	13	10,450,803		
14	Management and general (from line 44, column (C))	14	1,265,527		
15	Fundraising (from line 44, column (D))	15	509,048		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	12,225,378		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-613,153		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	16,351,282		
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	-434,470		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	15,303,659		

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc.	25	322,684	282,193	21,227
26 Other salaries and wages	26	5,725,061	4,867,213	686,387
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	277,933	217,780	42,745
34 Telephone	34	135,821	109,780	20,790
35 Postage and shipping	35			
36 Occupancy	36	298,625	297,042	1,464
37 Equipment rental and maintenance	37	272,713	253,321	17,610
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41	371,744	342,231	28,189
42 Depreciation, depletion, etc. (attach schedule)	42	354,721	284,262	68,118
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 3	43a	4,466,076	3,796,981	378,997
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B), (D) carry these totals to lines 13-15	44	12,225,378	10,450,803	1,265,527

Joint Costs Check ☒ if you are following SOP 98.2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If Yes, enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services

\$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ☒ SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

a SEE STATEMENT 5		
(Grants and allocations \$ _____)		10,450,803
b		
(Grants and allocations \$ _____)		
c		
(Grants and allocations \$ _____)		
d		
(Grants and allocations \$ _____)		
e Other program services (Grants and allocations \$ _____)		
f Total of Program Service Expenses (should equal line 44 column (B), program services)		10,450,803

Part IV Balance Sheets (See instructions)

Note		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non interest bearing	1,143,316	45	979,339
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a 1,239,195		
	b Less allowance for doubtful accounts	47 b 39,119	1,325,570	47 c 1,200,076
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b		48 c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use	248,251	52	199,871
	53 Prepaid expenses and deferred charges	198,829	53	161,190
	54 Investments — securities (attach schedule)	☐ Cost ☒ FMV 9,652,910	54	8,645,636
	55 a Investments — land, buildings, & equipment basis	55 a		
	b Less accumulated depreciation (attach schedule)	55 b		55 c
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment basis	57 a 15,721,770			
b Less accumulated depreciation (attach schedule)	57 b 6,376,629	8,796,995	57 c 9,345,141	
58 Other assets (describe ► SEE STATEMENT 7)	599,913	58	735,545	
59 Total assets (add lines 45 through 58) (must equal line 74)	21,965,784	59	21,266,798	
LIABILITIES	60 Accounts payable and accrued expenses	914,028	60	1,005,892
	61 Grants payable		61	
	62 Deferred revenue	3,452	62	4,098
	63 Loans from officers, directors, trustees and key employees (attach schedule)		63	
	64 a Tax exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)	4,612,289	64 b	4,444,019
	65 Other liabilities (describe ► SEE STATEMENT 8)	84,733	65	509,130
66 Total liabilities (add lines 60 through 65)	5,614,502	66	5,963,139	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► ☒ and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	15,942,893	67	14,953,853
	68 Temporarily restricted	408,389	68	349,806
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	16,351,282	73	15,303,659
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	21,965,784	74	21,266,798

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

BAA

Part IV-A Reconciliation of Revenue per Audited
Financial Statements with Revenue
per Return (See instructions)

a	Total revenue, gains, and other support per audited financial statements	a	11,341,870	a	Total expenses and losses per audited financial statements	a	12,225,378
b	Amounts included on line a but not on line 12, Form 990			b	Amounts included on line a but not on line 17, Form 990		
(1)	Net unrealized gains on investments \$ -270,355			(1)	Donated services and use of facilities \$		
(2)	Donated services and use of facilities \$			(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Recoveries of prior year grants \$			(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)			(4)	Other (specify)		
	----- \$				----- \$		
	Add amounts on lines (1) through (4)	b	-270,355		Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	11,612,225	c	Line a minus line b	c	12,225,378
d	Amounts included on line 12, Form 990 but not on line a			d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$			(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)			(2)	Other (specify)		
	----- \$				----- \$		
	Add amounts on lines (1) and (2)	d			Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	11,612,225	e	Total expenses per line 17, Form 990 (line c plus line d)	e	12,225,378

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

► ☐ Yes

☒ No

If 'Yes' attach schedule – see instructions

Part VI Other Information (See specific instructions)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If 'Yes,' enter the name of the organization ▶ <u>VALVERDE, INC</u> and check whether it is ☒ exempt or ☐ nonexempt		
81a Enter direct or indirect political expenditures. See line 81 instructions	81a	0
b Did the organization file Form 1120-POL for this year?	81b	X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A
h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ <u>0</u> , Section 4912 ▶ <u>0</u> , Section 4955 ▶ <u>0</u>		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a List the states with which a copy of this return is filed ▶ <u>CALIFORNIA</u>	90b	235
b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)		
91 The books are in care of ▶ <u>MIGUEL PEREZ</u> Telephone number ▶ <u>310-845-8025</u> Located at ▶ <u>8740 W WASHINGTON BLVD, CULVER CITY, CA</u> ZIP + 4 ▶ <u>90232</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐ and enter the amount of tax exempt interest received or accrued during the tax year ▶ 92		N/A

Part VII Analysis of Income-Producing Activities (See instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CONTRACT REVENUE					436,345
b SALES FROM SHELTERED					45,383
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					10,711,404
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	295,060	
97 Net rental income or (loss) from real estate					
a debt financed property			30	58,457	
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-808,221	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b MISC INCOME			1	36,287	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-418,417	11,193,132
105 Total (add line 104, columns (B), (D), and (E))					10,774,715

Note Line 105 plus line 1d Part I should equal the amount on line 12 Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 10
2	
3	
4	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums directly or indirectly on a personal benefit contract?

☐ Yes ☒ No

Note If 'Yes' to (b), file Form 9870 and Form 4720 (see instructions)

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.

Date

12/10/02

dout CEO

Schedule A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under
Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information — (See separate instructions)

Supplementary Information — (see separate instructions)

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

2001

Name of the Organization

EXCEPTIONAL CHILDREN'S FOUNDATION

Employer Identification Number

95-1690988

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CARMELA BURKE 8740 WASHINGTON BL , LA, CA	ACCOUNTANT 40	53,004	3,343	0
ELINOR SZEKUNDA 8740 WASHINGTON BL , LA, CA	PROGRAM DIR 40	54,621	3,380	0
RICHARD WEBB 8740 WASHINGTON BL , LA, CA	PROGRAM DIR 40	51,390	3,307	0
Total number of other employees paid over \$50,000 ▶		0		

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

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BEST REHAB CARE SERVICES	CLIENT REHAB	51,716
MILLER & STANDEL	ARCHITECTURE	98,248
Total number of others receiving over \$50,000 for professional services ▶		0

Part III Statements About Activities (See instructions)

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

SEE FORM 990, PART V

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)

- 4 Do you have a section 403(b) annuity plan for your employees?

Note. Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box):

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting***Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	779,087	233,083	552,593	416,917	1,981,680
16 Membership fees received				3,490	3,490
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	9,845,320	8,916,077	8,323,243	7,345,747	34,430,387
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	418,006	22,575	37,336	109,159	587,076
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 11	113,502	67,018		4,898	185,418
23 Total of lines 15 through 22	11,155,915	9,238,753	8,913,172	7,880,211	37,188,051
24 Line 23 minus line 17	1,310,595	322,676	589,929	534,464	2,757,664
25 Enter 1% of line 23	111,559	92,388	89,132	78,802	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 55,153
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 10,533
c Total support for Section 509(a)(1) test. Enter line 24, column (e)					26c 2,757,664
d Add: Amounts from column (e) for lines 18 587,076 19					26d 783,027
22 185,418 26b 10,533					26e 1,974,637
e Public support (line 26c minus line 26d total)					26f 71.61 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12 N/A					
a For amounts included in lines 15, 16, and 17 that were received from a disqualified person, prepare a list for your records to show the name of and total amounts received in each year from each 'disqualified person'. Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed only by schools that checked the box on line 6 in Part IV)

N/A

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked **a** and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table —			
If the amount on line 40 is —	The lobbying nontaxable amount is —		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter 0 if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter 0 if line 41 is more than line 38	44		
Caution If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines **c** through **h**)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines **c** through **h**)

Yes	No	Amount

If **Yes** to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of Organization

EXCEPTIONAL CHILDREN'S FOUNDATION

Employer Identification Number

95-1690988

Organization type (check one)

Filers of

Form 990 or 990-EZ

Section

- ☒ 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 box(es) for both the general rule and a special rule — see instructions.)

General Rule —

- ☐ For organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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 Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

EXCEPTIONAL CHILDREN'S FOUNDATION

95-1690988

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>21,000</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is noncash contribution)
<u>2</u>		\$ <u>100,000</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is noncash contribution)
<u>3</u>		\$ <u>25,000</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is noncash contribution)
<u>4</u>		\$ <u>25,000</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is noncash contribution)
<u>5</u>		\$ <u>58,655</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is noncash contribution)
<u>6</u>		\$ <u>106,855</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is noncash contribution)

EXCEPTIONAL CHILDREN'S FOUNDATION

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STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE 2,235,243
 COST OR OTHER BASIS 3,043,464

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -808,221

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -808,221

STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PENSION LIABILITY ADJUSTMENT \$ -164,115
 UNREALIZED INVESTMENT LOSS -270,355
 TOTAL \$ -434,470

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AGENCY/ASSOCIATION DUES	50,769	375	50,119	275
BAD DEBT	40,425	40,425		
CLIENT/TRAINEE PAYROLL	1,626,049	1,624,194	1,855	
EVENTS AND PUBLICATIONS	297,414	28,340	30,104	238,970
INSURANCE	136,187	63,258	72,677	252
OTHER EXPENSES	41,357	30,613	10,494	250
OTHER PRODUCTION COSTS	182,116	182,116		
PRODUCTION EQUIPMENT	31,644	31,644		
PRODUCTION PAYROLL AND BENEFIT	766,083	766,083		
PRODUCTION RELATED EXPENSES	338,382	338,382		
STAFF MILEAGE	64,522	61,856	2,404	262
STAFF SUPPORT	596,626	384,633	169,152	42,841
STAFF TRAINING & DEVELOPMENT	29,415	13,646	10,657	5,112
TAXES AND LICENSES	30,578	24,128	6,224	226
UTILITIES	204,848	185,045	17,893	1,910
VEHICLE EXPENSES	29,661	22,243	7,418	
TOTAL	\$ <u>4466076</u>	\$ <u>3796981</u>	\$ <u>378,997</u>	\$ <u>290,098</u>

EXCEPTIONAL CHILDREN'S FOUNDATION

95-1690988

STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE EXCEPTIONAL CHILDREN'S FOUNDATION (ECF) IS AN EDUCATIONAL, REHABILITATION, SOCIAL SERVICE, AND ADVOCACY AGENCY THAT PROVIDES SERVICES FROM BIRTH THROUGH ADULTHOOD FOR INDIVIDUALS WITH MENTAL RETARDATION AND OTHER DEVELOPMENTAL DISABILITIES. THE MISSION OF ECF IS TO CREATE, PROVIDE AND ENHANCE INNOVATIVE PROGRAMS FOR CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES THAT WILL IMPROVE THEIR LIVES AND ENABLE THEM TO ACHIEVE THEIR GREATEST POTENTIAL, UNDERTAKE AND SUPPORT ADVOCACY PROGRAMS AND PROMOTE RESEARCH THAT BENEFITS INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND ENHANCE AWARENESS OF ECF AND THE CONSUMERS WE SERVE.

STATEMENT 5
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
EARLY START THE EARLY START PROGRAM PROVIDES HIGH QUALITY THERAPEUTIC INTERVENTION SERVICES TO ECF'S SMALLEST CLIENTS AND THEIR FAMILIES IN NATURAL CENTER-BASED AND HOME SETTINGS. FROM SITES IN LOS ANGELES, LOMITA AND ARLETA, EARLY START OFFERS BOTH CENTER-BASED AND HOME VISIT SERVICES FOR INFANTS AND TODDLERS, AGE 0-3, WHO ARE DEVELOPMENTALLY DELAYED, DISABLED, OR "AT RISK." NINETY PERCENT OF A CHILD'S BRAIN GROWTH OCCURS BY AGE THREE. DURING THESE CRITICAL YEARS, WINDOWS OF OPPORTUNITY OPEN - AND SOMETIMES CLOSE - FOR VITAL LEARNING IN SENSORY DEVELOPMENT, LANGUAGE ACQUISITION, AS WELL AS EMOTIONAL AND MENTAL HEALTH. A STIMULATING LEARNING ENVIRONMENT, POSITIVE SOCIAL EXPERIENCES, AND POSITIVE PARENT-CHILD INTERACTIONS ARE ESSENTIAL FOR THE HEALTHY DEVELOPMENT OF A CHILD.		1,972,202
THE ART CENTER THE ART CENTER IN LOS ANGELES ENCOURAGES, ASSISTS AND SUPPORTS MAXIMUM PERSONAL DEVELOPMENT IN ADULTS WITH DEVELOPMENTAL DISABILITIES THROUGH THE MEDIUM OF ART. ECF ARTISTS RANGE IN AGE FROM 18 TO 65 WITH DISABILITIES THAT INCLUDE MENTAL RETARDATION, CEREBRAL PALSY, EPILEPSY, AUTISM AND/OR EMOTIONAL DISORDERS. ESTABLISHED IN 1968, THE ART CENTER HAS BECOME NATIONALLY RECOGNIZED FOR LEADERSHIP IN DEMONSTRATING THAT INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES HAVE THE ABILITY TO PRODUCE FINE ART. MANY OF THE ARTISTS HAVE WON AWARDS IN JURIED SHOWS THROUGHOUT THE UNITED STATES. IN ADDITION TO ART CLASSES, THE PROGRAM ALSO OFFERS ACADEMICS AND INDEPENDENT LIVING SKILLS TRAINING.		680,304
DEVELOPMENTAL ACTIVITIES CENTERS DEVELOPMENTAL ACTIVITIES CENTERS IN CULVER CITY AND LOS ANGELES OFFER ADULTS WITH MODERATE TO PROFOUND MENTAL RETARDATION AND OTHER DEVELOPMENTAL DISABILITIES A STEPPING STONE TO INDEPENDENCE. THE WESTSIDE PROGRAM UTILIZES CLASSROOM AND NATURAL ENVIRONMENTS TO PROVIDE TRAINING AND SUPPORT SERVICES IN THE AREAS OF SELF-CARE, SELF-ADVOCACY, COMMUNITY INTEGRATION AND VOCATIONAL SKILLS. THE LOS ANGELES PROGRAM IS AN INNOVATIVE SIMULATED COMMUNITY THAT HAS WON ADMIRATION AND ACCLAIM FOR		

EXCEPTIONAL CHILDREN'S FOUNDATION

95-1690988

STATEMENT 5 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
CREATIVITY AS A LEARNING ENVIRONMENT ADULT PARTICIPANTS ACHIEVE THEIR MAXIMUM POTENTIAL FOR INDEPENDENCE THROUGH "LEARNING STORES" THAT TAKE THE PLACE OF TRADITIONAL CLASSROOMS AND PROVIDE A CONTINUUM OF SERVICES IN WHICH THEY MUST LEARN TO FUNCTION AND REINFORCE IN THE MAINSTREAM SOCIETY MEANWHILE, RECOGNIZING THAT MORE INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES ARE SURVIVING INTO OLD AGE, THE PROGRAM OFFERS YOUNG-AT-HEART SENIOR SERVICES THIS IS A NATIONALLY-RECOGNIZED MODEL RECREATIONAL, HEALTH AND FITNESS PROGRAM SUITED FOR SENIOR CITIZENS		1,178,510
PRODUCTION AND REHABILITATION (PAR) SERVICES AT ECF'S PRODUCTION AND REHABILITATION (PAR) SERVICES WORK TRAINING CENTERS IN CULVER CITY, LOS ANGELES, AND SANTA FE SPRINGS, PROGRAM PARTICIPANTS DEVELOP WORK HABITS AND APPROPRIATE SOCIAL SKILLS WHILE MAINTAINING PRODUCTIVITY IN MEETING GOVERNMENTAL AND PRIVATE CONTRACT REQUIREMENTS FOR MANUFACTURING, PACKAGING AND ASSEMBLY THE PURPOSE OF THE PROGRAM IS TO PROVIDE FACILITY-BASED VOCATIONAL TRAINING AND PAID WORK IN ORDER TO IMPROVE EARNING POTENTIAL AND INDEPENDENT FUNCTIONING OF PERSONS WITH DEVELOPMENTAL DISABILITIES, AND PROMOTE TRANSITION TO SUPPORTED AND/OR COMPETITIVE EMPLOYMENT SETTINGS		2,648,244
SUPPORTED EMPLOYMENT SUPPORTED EMPLOYMENT PROVIDES COMMUNITY-INTEGRATED JOB PLACEMENTS, ON-THE-JOB TRAINING, AND SUPPORT SERVICES TO ADULTS WITH MENTAL RETARDATION AND OTHER DEVELOPMENTAL DISABILITIES FOR PROGRAM PARTICIPANTS. THIS IS A MUCH-AWAITED GATEWAY TO INDEPENDENCE UNDER SUPERVISOR OF AN ECF JOB COACH, PARTICIPANTS ARE HIRED BY LOCAL BUSINESSES TO PERFORM CLERICAL, JANITORIAL, GROUNDS MAINTENANCE AND FOOD SERVICE ASSIGNMENTS		2,278,743
RESIDENTIAL RESIDENTIAL PROVIDES HIGH-QUALITY INDEPENDENT LIVING AND GROUP HOME SERVICES IN A VARIETY OF RESIDENTIAL NEIGHBORHOODS FOR ADULTS WITH MILD DEVELOPMENTAL DISABILITIES RESIDENTS ARE OFFERED THE LEAST RESTRICTIVE RESIDENTIAL SERVICES TO PROMOTE HEALTHFUL AND FULFILLING LIFESTYLES OF THEIR INFORMED CHOICE TRAINING IS CONDUCTED IN TWO 13-UNIT APARTMENT COMPLEXES - ONE IN LOS ANGELES AND THE OTHER IN WHITTIER INSTRUCTION INCLUDES MONEY MANAGEMENT, MEAL PLANNING, HOUSEKEEPING AND COMMUNITY AWARENESS FOR ADULTS WITH MORE SEVERE DISABILITIES, THERE IS LONG-TERM COMMUNITY INTEGRATED GROUP LIVING IN ECF'S GROUP HOME IN RESEDA FOR 13 RESIDENTS WHO NEED 24-HOUR SUPERVISION AND ASSISTANCE THE BUTTERFLY PROJECT IS FOR CONSUMERS RELEASED FROM STATE DEVELOPMENTAL CENTERS THAT REQUIRE 24 HOUR/DAY SUPPORT TO LIVE INDEPENDENTLY IN THE COMMUNITY DURING FISCAL YEAR ENDED 2002, ECF SERVED 11 CONSUMERS		1,604,305
SUMMER CAMP SUMMER CAMP REMAINS A MUCH-AWAITED INTERLUDE FOR ECF PROGRAM PARTICIPANTS SPENDING A WEEK IN NATURE EVERY YEAR, NEARLY 100 ADULTS ENJOY A MEMORABLE CAMPING EXPERIENCE DAYS OF HIKING, SWIMMING, CANOEING.		

EXCEPTIONAL CHILDREN'S FOUNDATION

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STATEMENT 5 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
MARSHMALLOW-TOASTING, ARTS AND CRAFTS, GHOST STORIES, AND NOISY INSECTS IN ADDITION, PARENTS FIND SOME RESPITE WHILE PARTICIPANTS SAVOR THEIR SUMMER OUR CAMPERS RETURN HOME HAPPIER AND MORE CONFIDENT OF THEIR ABILITY TO TAKE ON LIFE		88,495
	<u>\$ 0</u>	<u>\$ 10450803</u>

STATEMENT 6
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 132,318	\$ 104,085	\$ 28,233
FURNITURE AND FIXTURES	2,076,147	1,911,618	164,529
MACHINERY AND EQUIPMENT	500,424	219,705	280,719
BUILDINGS	9,004,813	4,053,045	4,951,768
IMPROVEMENTS	216,729	88,176	128,553
LAND	3,791,339		3,791,339
TOTAL	<u>\$ 15721770</u>	<u>\$ 6,376,629</u>	<u>\$ 9,345,141</u>

STATEMENT 7
FORM 990, PART IV, LINE 58
OTHER ASSETS

BOND RESERVES	\$ 118,922
NET INTANGIBLE ASSETS	470,418
REPLACEMENT RESERVES	126,407
RESIDUAL RECEIPTS RESERVES	12,272
TENANT SECURITY DEPOSITS	7,526
TOTAL	<u>\$ 735,545</u>

STATEMENT 8
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

DUE TO RELATED ENTITY	\$ 61,401
MINIMUM PENSION LIABILITY	447,729
TOTAL	<u>\$ 509,130</u>

EXCEPTIONAL CHILDREN'S FOUNDATION

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STATEMENT 9
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SCOTT BOWLING 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	PRESIDENT 40	\$ 110,924	\$ 2,293	\$ 0
SHIRLEY BIANCA 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	DIRECTOR 40	64,254	3,595	0
KAREN KATO 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	DIRECTOR 40	72,506	3,780	0
MIGUEL PEREZ 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	CFO 40	75,000	3,281	0
STEVEN J ROSE 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	CHAIRPERSON NONE	0	0	0
MARY BURKIN, ESQ 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	1ST VICE CHAIR NONE	0	0	0
LORRAINE M OSUNA, ESQ 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	2ND VICE CHAIR NONE	0	0	0
GENE SICILIANO, B S 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	TREASURER NONE	0	0	0
MARILYN MANN LINDQUIST, MSN 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	SECRETARY NONE	0	0	0
JOSEPH N TILEM, ESQ 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	PAST CHAIRMAN NONE	0	0	0
LESLIE B ABELL 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF DIR NONE	0	0	0
MARY O AKPOVL, PH D 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF DIR NONE	0	0	0

EXCEPTIONAL CHILDREN'S FOUNDATION

95-1690988

STATEMENT 9 (CONTINUED)

FORM 990, PART V

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOHN C BARLOW 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF DIR NONE	\$ 0	\$ 0	\$ 0
GERALD R CHERNIN 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF DIR NONE	0	0	0
KRISTIN WILLIAMS GAREMANI 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF DIR NONE	0	0	0
CHARLES M GRACO 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF DIR NONE	0	0	0
KLINT JAMES MCKAY, ESQ 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF DIR NONE	0	0	0
ARTHUR O NEDDOUR 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF DIR NONE	0	0	0
BRADLEY STALLARD 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF DIR NONE	0	0	0
MARGARET I VENNIE 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF DIR NONE	0	0	0
GERALD E WILLIAMS, BS, MBA 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF DIR NONE	0	0	0
LARRY HAGMAN 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF GOV NONE	0	0	0
JERRY MOSS 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF GOV NONE	0	0	0
ROBERT SHUSHAN, ED D 8740 W WASHINGTON BLVD CULVER CITY CA 90232	PRES EMERITUS NONE	0	0	0
TOTAL		\$ 322,684	\$ 12,949	\$ 0

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STATEMENT 10
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	REVENUE FROM PRODUCTS MADE IN SHELTERED WORKSHOPS BY THE DEVELOPMENTALLY DISABLED
93B	CONTRACT FEES RECEIVED IN EXCHANGE FOR JANITORIAL AND LIGHT MANUFACTURING SERVICES PROVIDED BY DEVELOPMENTALLY DISABLED INDIVIDUALS AS PART OF PROGRAM SERVICES
93G	TUITION RECEIVED PRIMARILY FROM THE STATE OF CALIFORNIA THROUGH REGIONAL CENTERS

STATEMENT 11
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2000	(B) 1999	(C) 1998	(D) 1997	(E) TOTAL
MISCELLANEOUS	\$ 52,399	\$ 67,018	\$ 0	\$ 4,898	\$ 124,315
RENTAL INCOME	61,103	0	0	0	61,103
TOTAL	<u>\$ 113,502</u>	<u>\$ 67,018</u>	<u>\$ 0</u>	<u>\$ 4,898</u>	<u>\$ 185,418</u>

EXCEPTIONAL CHILDREN'S FOUNDATION

95-1690988

**BALANCE SHEET
SECURITIES (FORM 990) [O]**

COMMON STOCK	\$	5,437,314
EQUITY FUNDS		192,350
GOVERNMENT DEBT SECURITIES		943,136
CORPORATE DEBT SECURITIES		3,080,110
TOTAL	\$	<u>9,652,910</u>

**BALANCE SHEET
INTANGIBLE ASSETS [O]**

DEFERRED FINANCING COSTS	\$	247,879
TOTAL	\$	<u>247,879</u>

**BALANCE SHEET
SECURITIES (FORM 990) [O]**

COMMON STOCK	\$	4,417,193
CORPORATE DEBT SECURITIES		2,707,264
GOVERNMENT DEBT SECURITIES		954,726
EQUITY FUNDS		566,453
TOTAL	\$	<u>8,645,636</u>

**BALANCE SHEET
INTANGIBLE ASSETS [O]**

DEFERRED FINANCING COSTS	\$	247,879
PENSION INTANGIBLE ASSET		283,614
TOTAL	\$	<u>531,493</u>

Application for Extension of Time to File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I** Automatic 3-Month Extension of Time — Only submit original (no copies needed)**Note:** Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer Identification Number
	EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690988
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions	
	8740 WEST WASHINGTON BLVD	
	City, Town, or Post Office. For a foreign address, see instructions	State ZIP Code
	CULVER CITY, CA 90232	

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

- | | | |
|--|--|------------------------------------|
| ☒ Form 990 | ☐ Form 990 T (corporation) | ☐ Form 4720 |
| ☐ Form 990 BL | ☐ Form 990 T (Section 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990 EZ | ☐ Form 990 T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

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

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until 2/15, 20 03 to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☐ calendar year 20 ____ or
- ▶ ☒ tax year beginning 7/01, 20 01, and ending 6/30, 20 02

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period3a 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 \$ 0b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

Signature and Verification

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, and that I am authorized to prepare this form.

Signature

Title

Date

BAA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12-2000)