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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

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

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 Instructions.

C Name of organization
EXCEPTIONAL CHILDRENS FOUNDATION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8740 WEST WASHINGTON BLVD

City or town, state or country, and ZIP + 4
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).**

G Web site: ▶ ECF NET

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 29,479,098

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 Group Exemption Number ▶

M Check ▶ ☑ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	1,853,664		
	c	Indirect public support (not included on line 1a)	1c	115,900		
	d	Government contributions (grants) (not included on line 1a)	1d	10,256,330		
	e	**Total** (add lines 1a through 1d) (cash $ 12,225,894 noncash $)			1e	12,225,894
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	3,168,383
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	643,827
	6a	Gross rents	6a	13,812		
	b	Less rental expenses	6b			
	c	Net rental income or (loss) subtract line 6b from line 6a			6c	13,812
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory	**(A)** Securities 9,756,447	8a	**(B)** Other 3,550,000	
	b	Less cost or other basis and sales expenses	9,559,191	8b	406,598	
	c	Gain or (loss) (attach schedule)	197,256	8c	3,143,402	
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	3,340,658
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a	73,440		
	b	Less direct expenses other than fundraising expenses	9b	73,440		
	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	47,295
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	19,439,869
Expenses	13	Program services (from line 44, column (B))			13	11,580,081
	14	Management and general (from line 44, column (C))			14	1,600,396
	15	Fundraising (from line 44, column (D))			15	488,803
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** Add lines 16 and 44, column (A)			17	13,669,280
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	5,770,589
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	16,300,928
	20	Other changes in net assets or fund balances (attach explanation)			20	-2,878,203
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	19,193,314

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 *(See the instructions.)*

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash $_____ noncash $_____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b	Other grants and allocations (attach schedule) (cash $_____ noncash $_____) If this amount includes foreign grants, check here ▶ ☐	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	565,743	306,772	176,443	82,528
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	6,240,348	5,400,068	680,591	159,689
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28	1,092,071	971,205	98,432	22,434
29	Payroll taxes	29	598,046	514,922	64,833	18,291
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34	168,386	141,470	13,580	13,336
35	Postage and shipping	35				
36	Occupancy	36	339,589	338,010	1,579	
37	Equipment rental and maintenance	37	59,142	52,057	3,838	3,247
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings . .	40				
41	Interest	41	317,485	215,464	98,294	3,727
42	Depreciation, depletion, etc (attach schedule)	42	378,060	305,700	66,308	6,052
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	**Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	13,669,280	11,580,081	1,600,396	488,803

Joint Costs. Check ▶ ☑ if you are following SOP 98-2

Are 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 Accomplishments *(See the instructions.)*

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

What is the organization's primary exempt purpose? ▶ EXCEPTIONAL CHILDREN'S FOUNDATION (ECF) IS ONE OF THE OLDEST AND LARGEST CHARITIES IN CALIFORNIA, SERVING CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES AND ACQUIRED BRAIN INJURIES SINCE 1946, ECF HAS OFFERED A CONTINUUM OF PROGRAM SERVICES AND CURRENTLY OFFERS EARLY START, DEVELOPMENTAL ACTIVITY, RESIDENTIAL SERVICES, WORK TRAINING, SUPPORTED EMPLOYMENT AND RECREATION TO NEARLY 2,000 INDIVIDUALS AND THEIR FAMILIES EACH YEAR THE MISSION OF ECF IS TO CREATE AND PROVIDE HIGH QUALITY, PROGRESSIVE AND INTEGRATED COMMUNITY SERVICES FOR CHILDREN AND ADULTS WITH DEVELOPMENTAL AND OTHER DISABILITIES TO ENABLE THEM TO ACHIEVE THEIR GREATEST POTENTIAL

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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

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

a See Additional Data Table

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

b

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

c

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶ 11,580,081

Part IV Balance Sheets *(See the instructions.)*

Note:					(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing			1,103,615	45	432,009
	46	Savings and temporary cash investments				46	3,700,059
	47a	Accounts receivable	47a	1,467,253			
	b	Less allowance for doubtful accounts	47b		1,116,578	47c	1,467,253
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			116,678	52	117,227
	53	Prepaid expenses and deferred charges			207,576	53	204,940
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV			10,526,168	54a	10,275,977
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	55a	Investments—land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment basis	57a	16,732,422			
	b	Less accumulated depreciation (attach schedule)	57b	8,177,900	8,876,653	57c	8,554,522
	58	Other assets, including program-related investments (describe ▶ _____)			543,124	58	1,373,789
	59	**Total assets** (must equal line 74) Add lines 45 through 58			22,490,392	59	26,125,776
Liabilities	60	Accounts payable and accrued expenses			1,162,754	60	1,341,087
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)			3,023,324	64b	2,881,347
	65	Other liabilities (describe ▶ _____)			2,003,386	65	2,710,028
	66	**Total liabilities** Add lines 60 through 65			6,189,464	66	6,932,462
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			14,691,112	67	17,189,727
	68	Temporarily restricted			1,609,816	68	1,503,587
	69	Permanently restricted				69	500,000
		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)			16,300,928	73	19,193,314
	74	**Total liabilities and net assets / fund balances** Add lines 66 and 73			22,490,392	74	26,125,776

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			**a**	18,454,046
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	**b1**	-1,264,203		
2	Donated services and use of facilities	**b2**	278,380		
3	Recoveries of prior year grants	**b3**			
4	Other (specify)	**b4**			
	Add lines **b1** through **b4**			**b**	-985,823
c	Subtract line **b** from line **a**			**c**	19,439,869
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify)	**d2**			
	Add lines **d1** and **d2**			**d**	-985,823
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			**e**	19,439,869

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			**a**	13,669,280
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	**b1**			
2	Prior year adjustments reported on Part I, line 20	**b2**			
3	Losses reported on Part I, line 20	**b3**			
4	Other (specify)	**b4**			
	Add lines **b1** through **b4**			**b**	
c	Subtract line **b** from line **a**			**c**	13,669,280
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify)	**d2**			
	Add lines **d1** and **d2**			**d**	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			**e**	13,669,280

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

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 19			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	**75b**		No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶	**75c**		No
If "Yes," attach a statement that includes the information described in the instructions			
d Does the organization have a written conflict of interest policy?	**75d**	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	**76**		No
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**		No
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**		No
b If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**		No
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
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**	Yes	
b If "Yes," enter the name of the organization ▶ See Additional Data Table and check whether it is ☐ exempt **or** ☐ nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions) **81a**			
b Did the organization file **Form 1120-POL** for this year?	**81b**		No

Part VI Other Information *(continued)*

			Yes	No
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	Yes	
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	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		No
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		No
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		No
	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 the prior year			
c	Dues assessments, and similar amounts from members — 85c			
d	Section 162(e) lobbying and political expenditures — 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		No
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		No
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 — 86a: 0			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: 0			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders — 87a: 0			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b: 0			
88a	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	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*501(c)(3) and 501(c)(4) orgs.* 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		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ _____			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No
90a	List the states with which a copy of this return is filed ▶ CA			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	505	
91a	The books are in care of ▶ SONHUI ROBILOTTA — Telephone no ▶ (310) 845-8025			
	Located at ▶ 8740 W WASHINGTON BLVD CULVER CITY, CA — ZIP + 4 ▶ 90232			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		No
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts			

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No

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

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

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

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue					
a	SALES FROM SHELTERED W/S					24,929
b	RENT - DISABLED CLIENTS					91,337
c	MGMT FEE - KAYNE ERAS CTR					600,000
d	CONTRACT REVENUE					1,724,985
e						
f	Medicare/Medicaid payments					727,132
g	Fees and contracts from government agencies					
94	Membership dues and assessments . . .					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities . . .			14	643,827	
97	Net rental income or (loss) from real estate					
a	debt-financed property			30	13,812	
b	non debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory			18	3,340,658	
101	Net income or (loss) from special events . .					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a MISC INCOME			1	47,295	
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . .				4,045,592	3,168,383
105	**Total** (add line 104, columns (B), (D), and (E)) . . . . . ▶					7,213,975

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities ***(See the 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
	%			
	%			
	%			
	%			

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . ☐ Yes ☑ 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 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		No

Please 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 officer) is based on all information of which preparer has any knowledge

****** — Signature of officer — 2009-01-27 — Date

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

Paid Preparer's Use Only

Preparer's signature: Thomas J Schulte | Date | Check if self-empolyed ☐ | Preparer's SSN or PTIN (See Gen Inst W)

Firm's name (or yours if self-employed), address, and ZIP + 4: RBZ LLP, 11755 Wilshire Blvd Suite 900, Los Angeles, CA 900251506 | EIN | Phone no

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490040001189

SCHEDULE A (Form 990 or 990EZ)

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

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

OMB No 1545-0047

2007

Name of the organization
EXCEPTIONAL CHILDRENS FOUNDATION

Employer identification number
95-1690988

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, 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
MAYRA GUTIERREZ 8740 WEST WASHINGTON BLVD CULVER CITY,CA 90232	THERAPIST 40 00	90,839	3,000	0
ANGELICA MIRAMONTES 8740 WEST WASHINGTON BLVD CULVER CITY,CA 90232	THERAPIST 40 00	98,208	3,000	0
JACQUELINE VASQUEZ 8740 WEST WASHINGTON BLVD CULVER CITY,CA 90232	THERAPIST 40 00	108,160	3,000	0
MARIA D DEL MUNDO 8740 WEST WASHINGTON BLVD CULVER CITY,CA 90232	THERAPIST 40 00	109,571	3,000	0
LILIANA CELIS 8740 WEST WASHINGTON BLVD CULVER CITY,CA 90232	THERAPIST 40 00	117,689	3,000	0
Total number of other employees paid over $50,000 ▶	18			

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions. List each one (whether individual 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
RIGHT CHOICE INC PO BOX 127 GLENDORA,CA 91740	THERAPY	108,039
IRWIN LEHRHOFF PHD 15165 VENTURA BLVD 240 SHERMAN OAKS,CA 91403	THERAPY	287,047
TOBY TAMAYO DAVIS 1934 MT SHASTA DR SAN PEDRO,CA 90732	THERAPY	67,354
STEVE POWERS 25918 COLERIDGE PLACE STEVENSON RANCH,CA 91381	THERAPY	72,000
JANICE H CARTER-LOURENSZ MD 3136 STANFORD AVE MARINA DEL REY,CA 902925529	THERAPY	73,574
Total number of others receiving over $50,000 for professional services ▶		

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services**
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
None		
Total number of other contractors receiving over $50,000 for other services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1			No
	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 property?	2a			No
b	Lending of money or other extension of credit?	2b			No
c	Furnishing of goods, services, or facilities?	2c			No
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		Yes	
e	Transfer of any part of its income or assets?	2e			No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a			No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c			No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d			No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a			No
b	Did the organization make any taxable distributions under section 4966?	4b			No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c			No
d	Enter the total number of donor advised funds owned at the end of the tax year ▶_____				
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶_____				
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶_____				
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶_____				

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 331/3%** 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 331/3%** 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support?
Total				▶	

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	10,675,653	10,236,701	9,113,084	9,606,255	39,631,693
16 Membership fees received					0
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	2,381,541	2,476,094	2,347,796	2,838,892	10,044,323
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	500,916	305,692	187,178	148,893	1,142,679
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	53,343	70,609	128,466	119,311	371,729
23 Total of lines 15 through 22	13,611,453	13,089,096	11,776,524	12,713,351	51,190,424
24 Line 23 minus line 17	11,229,912	10,613,002	9,428,728	9,874,459	41,146,101
25 Enter 1% of line 23	136,115	130,891	117,765	127,134	

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 822,922

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 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 41,146,101

d Add Amounts from column (e) for lines 18 1,142,679 19 0 22 _____ 26b _____ ▶ **26d** 1,514,408

e Public support (line 26c minus line 26d total) ▶ **26e** 39,631,693

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 9632 00 %

27 Organizations described on line 12: **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

(2006) _____ (2005) _____ (2004) _____ (2003) _____

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 11b, 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

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c** 0

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 2002 through 2005, 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 page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

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**	0	
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	**41**		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	**43**		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	**44**		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable 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 page 11 of the instructions.)

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	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			0
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.**)			

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		No
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		No
(iv) Reimbursement arrangements	**b(iv)**		No
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		No

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Additional Data

Software ID: 07000211
Software Version: 2007v2.4
EIN: 95-1690988
Name: EXCEPTIONAL CHILDRENS FOUNDATION

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

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
a VEHICLE	**43a**	18,409	16,970	1,439	
b UTILITIES	**43b**	215,141	204,754	8,747	1,640
c TAXES AND LICENSES	**43c**	104,386	43,677	60,380	329
d STAFF TRAINING & DEVELOPMENT	**43d**	19,381	13,282	3,628	2,471
e STAFF SUPPORT	**43e**	46,657	35,756	9,599	1,302
f STAFF MILEAGE	**43f**	98,361	96,203	1,694	464
g PROGRAM SUPPLIES	**43g**	199,699	199,028	610	61
h PROFESSIONAL FEES	**43h**	1,088,182	958,229	125,479	4,474
i PRODUCTION RELATED EXPENSES	**43i**	338,808	338,808		
j OTHER PRODUCTION COSTS	**43j**	178,751	178,751		
k OFFICE SUPPLIES	**43k**	108,860	85,346	17,305	6,209
l MISCELLANEOUS EXPENSES	**43l**	92,833	46,086	33,611	13,136
m INSURANCE	**43m**	132,705	21,714	110,916	75
n FACILITY MAINTENANCE	**43n**	418,331	399,389	16,218	2,724
o EVENTS AND PUBLICATIONS	**43o**	149,807	730	2,463	146,614
p CLIENT/TRAINEE PAYROLL	**43p**	685,419	685,419		
q AGENCY/ASSOCIATION DUES	**43q**	14,680	10,271	4,409	

Form 990, Part III - Program Service Accomplishments:

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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		Program Service Expenses (Required for 501(c) (3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	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 ECF STARTED ITS SECOND ART CENTER AT SAN PEDRO IN JUNE 2004 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	293,315
b	DEVELOPMENTAL ACTIVITIES CENTERS DEVELOPMENTAL ACTIVITIES CENTERS IN CULVER CITY AND LOS ANGELES OFFER ADULTS WITH MODERATE TO PROFOUND MENTAL RETARDATION AND OTHER DEVELOPMENTAL DISABILTIES 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 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 DISABILTIES 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 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	2,151,276
c	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 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,685,478
d	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 SPRINGS 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 THIS FACILITY IS LICENSED BY THE DEPARTMENT OF HEALTH SERVICES, FOR FEDERAL FUNDING UNDER MEDI-CAL THE BUTTERFLY PROJECT (SUPPORTED LIVING) IS FOR CONSUMERS RELEASED FROM STATE DEVELOPMENTAL CENTERS THAT REQUIRE 24 HOUR/DAY SUPPORT TO LIVE INDEPENDENTLY IN THE COMMUNITY (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,226,167
e	PRODUCTION AND REHABILITATION (PAR) SERVICES AT ECF'S PRODUCTION AND REHABILITATION (PAR) SERVICES WORK TRAINING CENTERS IN CULVER CITY 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 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	2,022,068
f	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 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	4,201,777

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
GUY SHULMAN 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	VP-DEVELOPMENT 37 50	8,077	539	
EMILY LLOYD 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	PROGRAMS DIRCTR 37 50	88,923	3,117	
SHARE INC C/O ECF 8740 W WASHINGTON BL CULVER CITY, CA 90232	BOARD OF GOV 1 00	0		
JAMES H WALKER 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	Director 1 00	0		
ALBERT D SHONK JR 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	Director 1 00	0		
STEVEN J ROSE 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	Director 1 00	0		
HONORABLE DICKRAN TEVRIZIAN 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF GOV 1 00	0		
CARL TERZIAN 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF GOV 1 00	0		
MONTE MARKHAM 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF GOV 1 00	0		
RAFER JOHNSON 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF GOV 1 00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RALPH C WALTER D PHIL 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	Director 1 00	0		
ANAND N KAPADIA 2121 AVENUE OF THE STARS 3100 LOS ANGELES, CA 90067	Director 1 00	0		
PHILIP G MILLER ESQ 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD TREASURER 2 00	0		
KARRMEN HOLIWAY 1914 WEST BOULEVARD LOS ANGELES, CA 90016	Director 1 00	0		
ROBERT D SHUSHAN EDD 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	PRES EMERITUS 1 00	0		
JERRY MOSS 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF GOV 1 00	0		
LARRY HAGMAN 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD OF GOV 1 00	0		
KEITH E WEAVER 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	Director 1 00	0		
CHARLES M GRACE 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	HONORARY DIRCTR 1 00	0		
KLINT JAMES MCKAY ESQ 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD CHAIR 3 00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SCOTT COOPER 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	Director 1.00	0		
SHIRLEY D DEUTSCH ESQ 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	DIRECTOR 1.00	0		
DAVID M ROSENTHAL 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	DIRECTOR 1.00	0		
TEVIS BARNES 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	BOARD SECRETARY 21.00	0		
LESLIE B ABELL ESQ 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	Director 1.00	0		
SUZANNE KAYNE 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	DIRECTOR 1.00	0		
MARILYN MANN LINDQUIST MSN 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	DIRECTOR 1.00	0		
FRED ALAVI 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	2ND VICE CHAIR 2.00	0		
ALAN R POLSKY ESQ 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	Director 1.00	0		
KEVIN D DEBRE ESQ 8740 W WASHINGTON BLVD CULVER CITY, CA 90230	1ST VICE CHAIR 2.00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SANDY WOLFF 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	FORMER VP DVLPM 37 50	59,295	2,763	
KAREN KATO 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	VP - ADMIN OPER 37 50	110,221	4,301	
SONHUI ROBILOTTA 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	VP OF FINANCE 37 50	116,479	119	
SCOTT D BOWLING PSYD 8740 W WASHINGTON BLVD CULVER CITY, CA 90232	PRESIDENT & CEO 37 50	168,792	3,117	

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
VALVERDE INC	X	
EDUCATIONAL RESOURCE AND SERVICES CENTER	X	

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

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).
93F	MEDI-CAL PAID TUITION AND FEES FOR SERVICES PROVIDED TO DEVELOPMENTALLY DISABLED CONSUMERS
93D	REVENUE FROM PRODUCTS MADE IN SHELTERED WORKSHOPS BY THE DEVELOPMENTALLY DISABLED
93C	RENT RECEIVED FROM DEVELOPMENTALLY DISABLED INDIVIDUAL CLIENTS IN AFFORDABLE HOUSING OPERATED AND MAINTAINED BY ECF
93B	INTERCOMPANY MANAGEMENT FEE FROM EDUCATIONAL SERVICE AND RESOURCE CENTER, INC (AKA KAYNE ERAS CENTER), AN AFFILIATED 501(C)(3) CHARITY UNDER COMMON MANAGEMENT WITH EXCEPTIONAL CHILDREN'S FOUNDATION, PRIOR TO THEIR MERGER, EFFECTIVE JULY 1, 2008
93A	CONTRACT FEES RECEIVED IN EXCHANGE FOR JANITORIAL AND LIGHT MANUFACTURING SERVICES PROVIDED BY DEVELOPMENTALLY DISABLED INDIVIDUALS AS PART OF PROGRAM SERVICES

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: EXCEPTIONAL CHILDRENS FOUNDATION
EIN: 95-1690988
Software ID: 07000211
Software Version: 2007v2.4

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
PAR CENTRAL LAND AND BUILDING	2001-01	Purchase	2007-10		3,550,000	214,901	Cost	191,697	3,143,402	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490040001189

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name:	EXCEPTIONAL CHILDRENS FOUNDATION	
EIN:	95-1690988	
Software ID:	07000211	
Software Version:	2007v2.4	
Gross Sales Price:		9,756,447
Basis:		9,559,191
Sales Expenses:		
Total (net):		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490040001189

TY 2007 Investments - Securities Schedule

Name: EXCEPTIONAL CHILDRENS FOUNDATION
EIN: 95-1690988
Software ID: 07000211
Software Version: 2007v2.4

Description	Book Value	Cost/FMV
US GOV'T OBLIGATIONS	1,028,685	F
MUTUAL FUNDS	5,948,672	F
COMMON STOCK	3,298,620	F

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490040001189

TY 2007 Land etc. Schedule

Name: EXCEPTIONAL CHILDRENS FOUNDATION
EIN: 95-1690988
Software ID: 07000211
Software Version: 2007v2.4

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	4,050,614		4,050,614
Improvements	216,729	116,792	99,937
Buildings	9,576,191	5,459,260	4,116,931
Machinery and Equipment	496,663	370,494	126,169
Furniture and Fixtures	2,244,287	2,100,140	144,147
Automobiles / Transportation Equipment	147,938	131,214	16,724

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TY 2007 Mortgages and Notes Payable Schedule

Name: EXCEPTIONAL CHILDRENS FOUNDATION
EIN: 95-1690988
Software ID: 07000211
Software Version: 2007v2.4
Total Mortgage Amount: 2881347

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490040001189

TY 2007 Other Assets Schedule

Name: EXCEPTIONAL CHILDRENS FOUNDATION
EIN: 95-1690988
Software ID: 07000211
Software Version: 2007v2.4

Description	Beginning of Year Amount	End of Year Amount
Net Intangible Assets		134,455
DUE FROM KAYNE ERAS CENTER		821,244
DUE FROM VALVERDE, INC.	85,355	109,735
TENANT SECURITY DEPOSITS	7,843	7,950
RESIDUAL RECEIPTS RESERVES	46,848	49,305
REPLACEMENT RESERVES	149,457	153,175
BOND RESERVES	110,441	97,925

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TY 2007 Other Changes in Net Assets Schedule

Name: EXCEPTIONAL CHILDRENS FOUNDATION
EIN: 95-1690988
Software ID: 07000211
Software Version: 2007v2.4

Description	Amount
UNREALIZED LOSSES ON INVESTMENTS	-1,264,203
PENSION LIABILITY ADJUSTMENT	98,763
MERGER COSTS	-133,096
DEFINED BENEFIT PENSION PLAN TERMINATION COSTS	-1,579,667

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490040001189

TY 2007 Other Liabilities Schedule

Name: EXCEPTIONAL CHILDRENS FOUNDATION
EIN: 95-1690988
Software ID: 07000211
Software Version: 2007v2.4

Description	Beginning of Year Amount	End of Year Amount
DEFINED BENEFIT PENSION TERMINATION COST		1,948,290
LINE OF CREDIT		761,738
MINIMUM PENSION LIABILITY	1,536,000	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490040001189

TY 2007 Special Events Schedule

Name: EXCEPTIONAL CHILDRENS FOUNDATION
EIN: 95-1690988
Software ID: 07000211
Software Version: 2007v2.4

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
MISCELLANEOUS	71,916	71,916			
GALA	901,060	827,620	73,440	73,440	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490040001189

TY 2007 Contractor Compensation Explanation

Name: EXCEPTIONAL CHILDRENS FOUNDATION
EIN: 95-1690988
Software ID: 07000211
Software Version: 2007v2.4

Contractor	Explanation
TOBY TAMAYO DAVIS	
STEVE POWERS	
RIGHT CHOICE INC	
JANICE H CARTER-LOURENSZ MD	
IRWIN LEHRHOFF PHD	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490040001189

TY 2007 Employee Compensation Explanation

Name: EXCEPTIONAL CHILDRENS FOUNDATION
EIN: 95-1690988
Software ID: 07000211
Software Version: 2007v2.4

Employee	Explanation
MAYRA GUTIERREZ	
ANGELICA MIRAMONTES	
JACQUELINE VASQUEZ	
MARIA D DEL MUNDO	
LILIANA CELIS	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490040001189

TY 2007 Other Income Schedule

Name: EXCEPTIONAL CHILDRENS FOUNDATION

EIN: 95-1690988

Software ID: 07000211

Software Version: 2007v2.4

Description	2006	2005	2004	2003	Total
RENTAL INCOME	51,890	42,510	42,510	42,510	179,420
MISCELLANEOUS	1,453	28,099	85,956	76,801	192,309

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2007, or tax year beginning 7/01, 2007, and ending 6/30, 2008

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ **See instructions**

OMB No. 1545-1879

2007

Name of exempt organization

EXCEPTIONAL CHILDREN'S FOUNDATION

Employer identification number

95-1690988

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a** below and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a **Form 990** check here ▶ [X]	b **Total revenue,** if any (Form 990, line 12)	1b	19,439,869.
2a **Form 990-EZ** check here ▶ [ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a **Form 1120-POL** check here ▶ [ ]	b **Total tax** (Form 1120-POL, line 22)	3b	
4a **Form 990-PF** check here ▶ [ ]	b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a **Form 8868** check here ▶ [ ]	b **Balance Due** (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgment of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund.

Sign Here ▶ _____ (Signature of officer) 1/27/09 (Date) ▶ CEO & President (Title)

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4163, Modernized *e-File* (MeF) Information for Authorized *e-file* Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶ _____ Date 2/14/09 | Check if also paid preparer [X] | Check if self employed [ ] | ERO's SSN or PTIN P00637812

Firm's name (or yours if self-employed), address, and ZIP code ▶ RBZ, LLP
11755 WILSHIRE BLVD. SUITE 900
LOS ANGELES, CA 90025-1506

EIN 95-3439541

Phone no. (310) 478-4148

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self employed [ ] | Preparer's SSN or PTIN

Firm's name (or yours if self employed), address, and ZIP code ▶

EIN

Phone no.

Form **8868**
(Rev April 2007)

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

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

Section 501(c) corporations 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

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870 group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt organization	Employer identification number
File by the due date to have your return. See instructions	EXCEPTIONAL CHILDREN'S FOUNDATION	95-1690388
	Number, street, and room or suite no. (for P.O. box, see instructions)	
	8740 WEST WASHINGTON BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	CULVER CITY, CA 90232	

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

[X] 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

- The books are in the care of ▶ SONHUI ROBILOTTA

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 will cover

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 2/15 20 09 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 07, and ending 6/30 20 08

2 If this tax year 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 or 990-T, 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, or, if required, deposit with FTD coupon or, 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.