

To: Board of Directors

Date: October 4, 2023

Committee Schedule and Agenda for the WRC Board of Directors Board Meeting, **Wednesday, October 11, 2023.**

Attached, is the Agenda for the **October 11, 2023, WRC Board of Directors Board Meeting** which will **be held virtually on Zoom Webinar.**

\*All Board of Directors will receive a link inviting you to be a panelist at the October 11, 2023 meeting. On the day of Board meeting, **please click on your link to ensure you join the meeting as a panelist (speaker). This link is unique to you and should not be shared with anyone else.**

**All members of the public who wish to attend the meeting should follow these instructions to register:**

1. Sign up for a [free Zoom account](#) if they have not already done so
2. [Click on this link to register](#) to attend the meeting
  - Attendees will be asked for their name and email address
  - This is so we can take attendance instead of using a sign-in sheet
  - Attendees will receive an email with a link to join the meeting
  - **Webinar ID: 894 7900 5288 • Password: 014252**
3. On the day and time of the meeting, attendees should click the link to join and enter the password.
  - Spanish interpretation will be available upon entering the meeting

The public session Call-to-Order is scheduled for 6:30 PM. Much of the work of the Board is done in the WRC various committees, including Finance, Political Action, Client Services, and others. Your participation is needed and welcomed.

The following Committees are scheduled to meet:

Committee Name	Date & Time	Location
Board Development Committee	October 9 <sup>th</sup> , 4:00 p.m.	ZOOM Video Conference
Client Services Committee	October 3 <sup>rd</sup> , 5:00 p.m.	Hybrid: Zoom/WRC
Consumer Advisory Committee	October 17 <sup>th</sup> , 4:30 p.m.	Carlson Park 10400 Braddock Dr. Culver City
Finance Committee	October 11, 5:00 p.m.	ZOOM Video Conference
Policy Committee	TBD	TBD
Political Action & Outreach Committee	October 10 <sup>th</sup> , 5:00 p.m.	ZOOM Video Conference
Self Determination	October 10 <sup>th</sup> , 6:00 p.m.	ZOOM Video Conference
Service Provider Advisory Committee	October 17 <sup>th</sup> , 10:30 a.m.	ZOOM Video Conference



BOARD OF DIRECTORS BOARD MEETING  
COASTAL DEVELOPMENTAL SERVICES FOUNDATION  
5901 GREEN VALLEY CIRCLE • SUITE 320 • CULVER CITY, CA 90230

**Wednesday, October 11, 2023**

**Via Zoom**

6:00 PM – Closed Session • 6:30 PM – Public Session

## A G E N D A

### 1. Closed Session

4663 (a) (1) (2) (3) (4) (5) (b)

*'Real estate', 'appointment, employment, evaluation, of performance or dismissal of a Regional Center employee'. 'Pending litigation'. Pursuant to Welfare and Institutions Code 4660.*

### 2. Public Session Call to Order

Vanda Yung

- Welcome

Vanda Yung

- Mission Statement

Zoey Giesberg

- Code of Conduct

Jennifer E. Cohen

- Roll Call of Board Members – Quorum

Vanda Yung

### 3. President's Report

Vanda Yung

### 4. Executive Director's Report

Jane Borochoff

### 5. Public Comment on Agenda Items

### 6. APPROVAL of Minutes of September 13, 2023

Dr. Chris Taicher –ACTION

### 7. Committee Reports

#### Board Development

Jennifer E. Cohen

#### Client Services

Dr. Wakelin McNeel

#### Finance

Kyle Jones

- **APPROVAL** of Acceptance of IRS 990 Tax Form for 2021-2022

Vanda Yung - ACTION

#### Policy

Terry Magady

#### Political Action (PAC)

Zoey Giesberg

#### Service Provider Advisory (SPAC)

Joan Elaine Anderson

#### Consumer Advisory (CAC)

### 8. Public Comment

### 9. Adjournment

Vanda Yung - ACTION

Pursuant to California Welfare and Institutions Code 4660 (c), time shall be allowed for public input on all properly noticed agenda items prior to board action on that Item.

**The next Board meeting will be Wednesday, November 15, 2023, at 6:30 p.m.**



## **Mission Statement**

It is WRC's mission to support people with developmental disabilities, their families, and communities of choice by facilitating access to person-centered, culturally responsive services and resources.



**WESTSIDE**  
REGIONAL CENTER

## **WESTSIDE REGIONAL CENTER BOARD OF DIRECTORS**

### **MEETINGS CODE OF CONDUCT**

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Business etiquette is essential to a well-run, successful meeting. Everyone who attends all WRC Board-related meetings agrees to:

- Understand and promote collaboration by allowing for a productive, safe and welcoming environment;
- Treat everyone with respect and consideration;
- Allow for open and inclusive discussions that do not demean, discriminate, or harass others;
- Refrain from using discriminatory or demeaning language or language that could be considered bullying, threatening or intimidating;
- Critique ideas and suggestions but not individuals;
- Respect the responsibility and authority of the Board Chair in preserving order and decorum; and
- Avoid disrupting others when speaking and waiting for the Board Chair to determine the next speaker(s).

If, after being warned, anyone's actions violate this Meetings Code of Conduct, they may be asked to leave the meeting by the Board Chair.

Board Meetings Code of Conduct was Adopted on June 3rd, 2020.

Amended by the Board of Directors June 8, 2022.



# WESTSIDE REGIONAL CENTER

Board of Directors Meeting  
Coastal Development Services Foundation

Wednesday, September 13, 2023, 6:30 PM  
Via Zoom

## MINUTES

**MEMBERS PRESENT:** JoanElaine Anderson Terry Magady  
Meshell Baylor Almarietha Mathews  
Jennifer E. Cohen Dr. Wakelin McNeel  
Zoey Giesberg Dr. Christopher Taicher  
Kyle Jones Fanfan Wang  
Adriana Madrigal Vanda Yung

**MEMBERS ABSENT:**

**STAFF PRESENT:** Jane Borochoff, Peggy Bottger, Stephen Browning, Linda Butler, Danny Franco, Cesar Garcia, Dr. Tom Kelly, Sonya Lowe, Andy Ponce, Aga Spatzier, Liz Spencer, Megan Tommet-Ramirez

**GUESTS:** Sonia Hernandez (Interpreter), Antonietta Schulz (Interpreter), Edwin Pineda (DDS), David Lester, Lisa C. Anderson, D'Marcus Baptist, Nilo Choudhry, Tiffany De La Torre, Elizabeth Hedenberg, Esther Kelsey, Audrey Lee, Todd Rubien, Drew Sansing, Robert Schwartz, Brandon Shackelford, Jenny Villanueva, David Wyles

**CALL TO ORDER (ACTION\*)**

Meeting was called to order by Board President, Vanda Yung, at 6:15 pm. The Mission Statement was read by Terry Magady, and the Meeting Code of Conduct was read by Jennifer E. Cohen.

**ROLL CALL AND ESTABLISHMENT OF A QUORUM**

It was established that the members present represented a quorum necessary pursuant to Section 7.03 (6) of the bylaws of Westside Regional Center which states:

*(h) Quorum A majority of the Directors serving on the Board at the time of the meeting of the Board shall constitute quorum at any meeting of the Board*

**PRESIDENT'S REPORT**

Vanda Yung started her report by thanking Jennifer E. Cohen, Chair of Board Development, for coordinating the Board orientation on August 9.

Vanda shared an important Asian holiday on September 29 which is the mid-Autumn festival. The significance of the festival is to join with family to celebrate the harvest moon and signifies unity and abundance. It is a very cheerful event for the Asian community. This ties in with WRC's values of helping and lifting up those we serve. Vanda also thanked the Direct Service



Professionals for their invaluable help. September 23 is International Day of Sign Language and also Neonatal Intensive Care month. It is also National Hispanic Heritage month.

Vanda has been delegated to be the ARCA representative for WRC. ARCA takes an active role in legislative processes that directly impacts Regional Centers. A recent bill that ARCA supported is AB782, also known as “the candy bill.” We support the bill because it allows for the continuation of manufacturing medication with candy coating so it’s easier for the people we serve to take medication(s).

One of ARCA’s priorities this year is the expansion of direct services and support of service provider networks and resources and flexibility to better support communities. Details are in the Board packet.

Vanda recommended all to check the WRC website for all the events, classes, and support groups we offer.

### **EXECUTIVE DIRECTOR REPORT**

Jane Borochoff thanked Vanda for sharing the significance of the mid-Autumn festival. Jane also thanked the many new and returning board members who attended orientation for volunteering their time to learn about WRC and also the Executive Team for their presentations.

The Self Determination Program welcomes new member Lulu Cheong, who is volunteering her time to work with SDP. WRC leads the state in the number of people transitioning into SDP. We currently have 277 utilizing SDP. State Council released a report called [Voices of Self Determination](#) and is an evaluation of the SDP participation experience in California. The report is available in many languages on the State website.

The Medicaid waiver audit is in progress and will continue through September 23<sup>rd</sup>. This is the first Medicaid waiver audit at WRC and will have results once the audit is completed.

We are building out the SDP unit and have promoted Alex Marquez to Program Manager.

WRC is the recipient of the Mental Health Services Grant (MHSA). This grant focuses on substance use disorder or developmental disabilities or mental health concerns. Partnering with Lanterman RC to develop certification program including an e-learning/virtual curriculum. It allows increased capacity of providers dealing with this dual diagnosis. Another grant we are working on is the Service Access and Equity grant from DDS. FRC is also preparing a grant request.

Jane informed the board that healthcare costs are increasing, which includes employees at WRC. WRC offers several healthcare options. Some employees’ costs remain the same while others have increased. The Executive Team is working on how to minimize impact going forward.

We are hiring more people for an Early Childhood Unit (age 0-5). This is a new initiative. Many other open SC positions are available. Other available positions are in Appeals, Accounting, Facilities, and more. Visit the WRC website for more information.



WRC has an RFP posted online for a project management and work place strategy Consultant to increase space efficiency and maximize cost effectiveness.

Trailer bill language focuses on efforts toward standardization across RCs, looking at more consistent process intake, IPP, and respite across the state. RCs are awaiting DDS directives to move forward.

There is one more session of **Understanding the IEP process**, on September 26, conducted by Lauren Black.

**PUBLIC COMMENT – AGENDA (3 minutes)**

Jenny Villanueva (SCDD QA assessment coordinator) shared that DDS has contracted SCDD to implement the National Core Indicator Family Survey for 2023-24. The surveys are in the mail. Lisa Anderson asked when facilitators would be back and if the meeting is recorded. The meeting is not recorded, and the question was referred to her Service Coordinator.

**APPROVAL OF THE REGULAR BOARD MEETING MINUTES OF SEPTEMBER 13, 2023 (ACTION\*)**

Jennifer E. Cohen, Board Member (Motion) and Zoey Giesberg, Board Member (Second) to approve the Regular Board Meeting Minutes of September 13, 2023. There was no discussion.

12	AYES
0	NO
0	ABSTENTION

The motion passed.

RESOLUTION: APPROVAL OF THE REGULAR BOARD MEETING MINUTES OF SEPTEMBER 13, 2023.

**COMMITTEE REPORTS**

**Board Development**

Jennifer E. Cohen, Chair, shared that at the mandatory training held on Wednesday, September 20, there was 100% attendance from BOD members. The training was conducted by Chris Arroyo on Meeting Facilitation. The Development Committee defined BOD goals going forward. The committee interviewed two candidates with one pending and strategized on recruitment efforts at schools and reaching out to vendors for help in recruiting. The BOD interview questions will be simplified and translated to Spanish. Translation will be available for candidate interviews, if requested. Two board members were assessed for extension of their terms: Adriana Madrigal and Dr. Wakelin McNeel were unanimously recommended to extend their terms and votes were held.



**APPROVAL of Adriana Madrigal for 2 Year Term (2023-2025) (ACTION\*)**

Vanda Yung, Board Member (Motion) and Almarietha Mathews, Board Member (Second) to approve Adriana Madrigal for 2 Year Term (2023-2025). There was no discussion.

12	AYES
0	NO
0	ABSTENTION

The motion passed.

**RESOLUTION: APPROVAL OF ADRIANA MADRIGAL FOR 2 YEAR TERM (2023-2025)**

**APPROVAL of Dr. Wakelin McNeel for 2 Year Term (2023-2025) (ACTION\*)**

Vanda Yung, Board Member (Motion) and Adriana Madrigal, Board Member (Second) to approve Dr. Wakelin McNeel for 2 Year Term (2023-2025). There was no discussion.

12	AYES
0	NO
0	ABSTENTION

The motion passed.

**RESOLUTION: APPROVAL OF DR. WAKELIN MCNEEL FOR 2 YEAR TERM (2023-2025)**

**Finance**

Kyle Jones, Treasurer, reported that 8% of the allocated budget is currently spent. DDS is de-allocating a portion of the FY2023 allocation once D3 amendment is released. Expenditures are projected to be within allocated the budget.

**Client Services**

Wakelin McNeel, Committee Chair, reported that the Committee continued editing the Day Activities Support Standards. The final approval for Transportation Standards was obtained for DDS. A change in ILS/SLS Service Standards policy was sent to DDS. Funding was done monthly in the past, but now will be done on an hourly basis. Based on these changes the updated ILS/SLS were edited and resubmitted to DDS. There is a meeting date change to the first Tuesday of the month at 5:00 p.m. and will be hybrid (Zoom and in-person.)

**Political Action (PAC)**

Zoey Giesberg, Committee Chair, reported that there are a couple of bills we want to keep an eye on. AB1147 (Disability Equity and Accountability Act of 2023) is a bill that will provide more accountability and subject WRC to the public records act. ARCA is tracking it and hoping to schedule meetings with local legislators. CA has a \$30B deficit so politicians will be careful with spending. New PAC members are always encouraged to join the committee.

**Service Provider Advisory (SPAC)**

SPAC goes dark in August and will have a report in the next month.





## Policy

N/A

## Consumer Advisory (CAC)

Esther Kelsey, CAC member, reported that they are continuing to partner with other RCs and SCDD by attending each other's IPP meetings. Esther went over the many events CAC attended during the month. Some CAC members graduated from an SCDD Leadership Academy training and received certificates. December 15, 2023 is the date of the CAC holiday party.

The monthly CAC Calendar listing their meetings and events is in the board packet. The Consumer Advisory Committee meets on the third Tuesday of the month at 5:00 pm.

## PUBLIC COMMENT (3 minutes)

None

## ADJOURNMENT

The Board Meeting was adjourned by Vanda Yung, Board President, at 7:40 pm. The next meeting is October 11, 2023.

**Dr. Christopher Taicher**

Board Secretary

**Adriana Madrigal**

Board Co-Secretary

**WESTSIDE REGIONAL CENTER  
BUDGET STATUS REPORT  
AUGUST 31, 2023  
(16% OF THE YEAR)**

	<u><i>E PRELIMINARY ANNUAL BUDGET</i></u>	<u><i>CURRENT MONTH</i></u>	<u><i>YTD EXPENDITURES</i></u>	<u><i>% OF BUDGET</i></u>
<i>Operations</i>	\$ 21,805,599	\$ 2,286,866	\$ 3,891,352	18%
<i>Purchase of Service</i>	\$ 322,059,127	\$ 27,556,835	\$ 57,913,971	18%
	<u>\$ 343,864,726</u>	<u>\$ 29,843,701</u>	<u>\$ 61,805,323</u>	<u>18%</u>

***NARRATIVE:***

**OPERATIONS**

*WRC's projected expenditures will be within our budget allocation.*

**PURCHASE OF SERVICE**

*Based on the E - Preliminary budget allocation, WRC's projected expenditures will be slightly above our budget allocation.*

# SPAC Notes

## September 19, 2023

**Attendees: 52**

**Ricardo Pacheco-Updates on assembly bills Q&A manager.** Quick update AB 138 amended by state. (See attached)

Question: DDS creating a standardized IPP template. There are some concerns with this. DDS will be reaching out about this.

**JoanE-** WRC BOD report: Spoke about the new board members and the new board member intake and training that was held at WRC in August. I also reached out again and I do every meeting asking for help with cultivating new BOD members. I put a strong emphasis on the need for new members within the community we serve. I talked about that we are still under special contract but that Jane (and executive board) has been working diligently with DDS to check off line items for our special contract

**Dr. Tom Kelly:** health risk screening tool update. We need providers that can get trained on how to do this. Health, dental, behavior etc. This is the update on Health Risk Screening Tool that is currently being Beta tested. We need vendors to identify people that are medically vulnerable to do this with. Send anyone that you think would be helped with this send over to Tom. You can ask if the individual would like to go through a risk screening. We need vendors to step up to get these trainings. Contact Tom if you're interested in becoming one of these screenings. Yes there is a contract rate. WRC got a grant for mental health trainings for ILS/SLS certification for substance abuse/mental health. WRC is beginning steps of implementing the grant. Creating a collaborative to meet quarterly. Reaching out into the community. There may be another event at WRC for or Covid issues. Tom has been in touch with Department of Health about doing a Q and A. Cultural Sensitivity training coming up first come first serve.

**Kris:** HCBS federal requirement training/presentation today please sign up. Also introduced Belin service access and training.

## **Committee Reports:**

**Day Programs:** Most are open. Jenny from Options for Life. Things are getting better because able to access more in the community. So many new things in person that were in person. More fitness type things. Socially there back but in smaller groups/more frequently and in a larger setting. Still issues with staff retention.

**Residential:** Still managing. Still issues with Transportation non-ambulatory.

**ILS/Supported Living:** DDS now offering a training program for DSP's these trainings will be \$600.00 before taxes per person. There is an email that is circulating about this. DSP's are to sign up themselves, this IS a DDS program. These are great trainings for our DSP's. Sign-ups to do this is very tricky. These are online. June of 2024 to complete so far there are 3 trainings. The \$625.00 is for 2 trainings only not all trainings.

**Announcements** Liddy for agencies that are employment based QIP funding for this from DDS. June-2022 through 2024. Liddy to send out in chat link. Employment Access additional incentives for this as well, CIE placements. Paid internship program. This hasn't changed.

One vendor celebrated 10 years of business.

Other items:

If you missed the WRC virtual meeting presenting QIP (Quality Incentive Program) this morning WRC will post the power point presentation on our web site. If you missed the DDS webinar on the QIP here is the link:

<https://www.dds.ca.gov/rc/vendor-provider/quality-incentive-program/>

Questions or comments? Email [QIPquestions@dds.ca.gov](mailto:QIPquestions@dds.ca.gov) Please copy Lidenira Amador [lideniraa@westsiderc.org](mailto:lideniraa@westsiderc.org) on your email.

## **Assembly Bill No. 138**

### **Human Services**

#### **Highlights**

- ❖ Amended in Assembly February 1, 2023.
- ❖ Amended in the Senate August 27, 2023, and Published August 27, 2023.
- ❖ By 6/30/25 DDS shall establish a standardized assessment process for respite that Regional Centers will implement by 1/1/26- **WIC 4435.1(c)(1)**.
- ❖ By 6/30/24 DDS shall establish a standardized IPP template and frequency of meetings. Regional Centers shall implement by 1/1/25- **WIC 4435.1(d)**.
- ❖ By 6/30/25 DDS shall establish standardized vendorization procedures. Regional Centers shall implement by 1/1/26- **WIC 4435.1(e)**
- ❖ By 7/1/25 DDS shall provide the Legislature with details on barriers to accessing generic services, clearer definition of what is a generic resource, and provide options to improve coordination for individuals and families- **WIC 4435.2**.
- ❖ Rate Models to be updated regularly to account for minimum wage increases starting 7/2/24- **WIC 4519.10**
- ❖ The option of remote IPP's has been extended to 6/30/24- **WIC 4646**.
- ❖ The option of remote IFSPs has been extended to 6/30/24- **GC 95020**.
- ❖ Regarding social recreational programs, camp, and nonmedical therapies, Regional Centers cannot require people exhaust IHSS, respite hours, or have copays- **WIC 4688.22**.
- ❖ The Regional Centers do not yet have the DDS breakdown on trailer bill language implementation. This language will probably be out within the next 30 to 60 days. Once Westside Regional Center receives the breakdown from DDS on its implementation, Westside Regional Center will share information with families, service providers, and other stakeholders.

## **Westside Regional Center**

### **Political Action Committee**

**September 12, 2023**

CA has \$30 billion deficit

- More cautious in pursuing bills with financial costs
- 439 bills that will be affecting fiscal state

Trailer Bills sent to the Governor (as of 9/11/2023)

1. SB 104 - Budget Act of 2023 (revises the main budget bill passed last June)
2. SB 135 - Public Safety Budget Trailer Bill (extends remote court proceedings until 2025)
3. SB 137 - Health Budget Trailer Bill
4. SB 138 - Human Services Budget Trailer Bill (includes provisions related to developmental services)
5. SB 140 - Early Care and Education Budget Trailer Bill
6. SB 141 - K-12 Education Budget Trailer Bill
7. SB 142 - Higher Education Budget Trailer Bill
8. SB 143 - State Government Budget Trailer Bill
9. SB 148 - State Employment: State Bargaining Units Budget Trailer Bill
10. SB 151 - State Employment: State Bargaining Unit 6 Budget Trailer Bill
11. SB 152 - Background Checks and Fingerprinting Budget Trailer Bill

Includes:

#### **Complex Needs Residential Program**

- Consisting of three homes not to exceed five beds per home, and a length of stay not to exceed 18 months
- Amends existing lease to include a portion of the Fairview Developmental Center property for the purpose of developing complex needs homes
- Establishes criteria for admission, assessment, individual program planning, transition back to the community, and other program components.
- Requires the department to work jointly with the regional center to identify or develop alternative services and supports in the event the department determines that an individual cannot be safely served in a complex needs home.
- Prohibits the department from establishing a complex needs home in an existing building on the grounds of a developmental center. Prohibits a complex needs home from using any non-emergency restraints or seclusion.

#### **Department of Developmental Services Implements**

- Implements stabilization, and training
- Equity and Oversight (\$6.2 million)

- Common data definitions to promote service access and equity in all regional center services and programs
- Requires regional centers to record race, ethnicity, preferred language of individuals served at the time of initial intake, assessment, and individual program plan (IPP) meeting following their 18th birthday.
- Requires data collection to be integrated with the department's new case management system.
- Requires establishment of a standardized process for assessing an individual's need for respite services
- Establish a standardized individual program plan template and procedures.
- Establish standard vendorization procedures and intake process
- Requires reporting of specified information regarding the definition of generic services, options to improve the coordination of generic services, barriers to accessing generic services, and the feasibility of tracking generic services in its new case management system.
- Evaluate availability of common services and supports, including inconsistencies in the availability of services by geography and language, and recommendations for addressing inconsistencies.
- Establishes regional center responsibilities for determining eligibility and conducting intake, and requires regional centers to provide notification on the outcome of an eligibility determination.

#### SB 140 - Early Childcare and Development Budget Trailer Bill

- Allocates funding to the California Department of Social Services (CDSS) and the Department of Education (CDE) to provide a monthly "cost of care plus rate" per child to all subsidized child care providers. The rate per child ranges between \$98 and \$211 per month based on the child care provider type and the region in which the child care provider is located. Provides for administrative funding to process monthly cost of care plus rates.
- Allocates funding to CDSS (California Department of Social Services) and CDE (California Department of Education) to provide child care providers with a one-time payment to all providers who were reimbursed for subsidized child care or California State Preschool Program (CSPP) services in April 2023. The one-time payment ranges from \$500 to \$3,000 per provider.
- Provides for administrative funding to process one-time payments
- Health, Retirement, and Training for Family Child Care Providers: Authorizes a contribution of \$15 million to the Joint CCPU Training Partnership Fund. Authorizes a contribution of \$100.1 million to the CCPU (Child Care Providers United) Workers Health Care Fund. Appropriates \$80.1 million for the establishment of the CCPU (Child Care Providers United) Retirement Trust for the purpose of providing retirement benefits to family child care providers. Contributions to each fund described depend on an annual report detailing the distribution of funds from the prior year and any remaining balance, provided by CCPU (Child Care Providers United).

- Defines “part-time” as care certified for a child for fewer than 25 hours per week, and defines “full-time” as care certified for a child for 25 or more hours per week, for purposes of all subsidized child care programs and the California State Preschool Program (CSPP).
- Requires contractors operating CSPP through a family childcare home education network, and each county and contractor that reimburses subsidized child care providers, to develop, implement, and publish a plan for timely payment to family childcare home providers, as specified in the bill.
- Provides that all subsidized child care providers shall be reimbursed at 100 percent of the contract maximum reimbursable amount or net reimbursable amount or net reimbursable program costs, whichever is less, through June 30, 2025.
- Alternative Methodology for setting child care reimbursement rates:
- Suspensions and expulsion. Requires CDSS (California Department of Social Services) and CDE (California Department of Education) to report recommendations for potential changes related to suspensions and expulsions to the Legislature.
- Technical Clean-up. Makes a conforming change to clarify that family fees for CSPP (California State Preschool Program) are not cost neutral.

#### Department of Rehabilitation (DOR)

- Creates business enterprise program for the Blind (BEP) Workers’ Compensation Self Insurance Program

#### Active Bills/Laws Passed

- AB 1147 - Regional Centers subject to Public Records Act (extended to 2 year bill so won’t receive action until January 2024)
- AB 751 - Elder Abuse (expands definition of elder/dependent adult abuse and requires policies for law enforcement and other agencies of elder/dependent adult abuse)
  - [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202320240AB751](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB751)



# October Self Advocacy Calendar

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>2. Friendship Network</b> <b>WESTFIELD FOX HILL MALL</b> <b>6000 SEPULVEDA BLVD</b> <b>CULVER CITY</b> (MEET BY POPEYES CHICKEN) (GET ACCESS IN FRONT OF MACY'S) <b>4:30PM-6:30PM</b>	<b>3. CLIENT SERVICES COMMITTEE</b>  <b>Hybrid</b>  <b>5PM-6PM</b>	<b>4. WELLNESS GROUP</b> @ <b>Flame Broiler</b> <b>10758 Jefferson Blvd.</b> <b>Culver City</b> <b>Cross St.</b> <b>Overland Ave</b> <b>4:30PM-6:30PM</b>	<b>5 PUBLIC RELATION</b> @ <b>BURGER KING</b> <b>10812 JEFFERSON BLVD</b> <b>CULVER CITY</b> <b>(CROSS STREET COTA St)</b> <b>4:30PM-6:30PM</b>	<b>6. Travel Group</b> <b>EL POLLO LOCO</b>  <b>5529 SEPULVEDA BLVD</b> <b>CULVER CITY</b> <b>(CROSS ST BERRYMAN AVE</b> <b>4:30PM-6:30PM</b>
<b>9.</b>	<b>10. Political ACTION ZOOM CALL</b>  <b>5PM-6PM</b>	<b>11. WRC BOARD MEETING</b> (REGISTER FOR THE BOARD) <b>6:30PM-8PM</b>	<b>12. SCDD</b>  <b>ZOOM CALL</b>  <b>1PM -3PM</b>	<b>13. Culver City Senior Dance</b> <b>4095 Overland Ave</b> <b>Culver City</b> <b>Cross St. Culver Blvd.</b> <b>7PM-9PM</b>
<b>16. GO - GETTERS @ ONO HAWAIIAN BBQ</b> <b>10814 JEFFERSON BLVD</b> <b>CULVER CITY</b> <b>(CROSS STREET COTA ST)</b> <b>4:30PM-6:30PM</b>	<b>17. CAC @ DR. PAUL CARLSON MEMORIAL PARK</b> <b>10400 BRADOCK DR.</b> <b>CULVER CITY</b> <b>(CROSS STREET LE BOURGET)</b> <b>4:30PM-6:30PM</b>	<b>18.</b>	<b>19. INDEPENDENT GROUP</b> @Starbucks <b>1250 S LA BREA AVE</b> <b>LOS ANGELES</b>  <b>(CROSS STREET Dockweiler)</b> <b>4:30PM-6:30PM</b>	<b>20. ZOOM CALL</b>  <b>7PM-8PM</b> <b>Guest Speaker Scott Barron</b>
<b>23.</b>	<b>24. MOVIES</b> <b>Howard Hughes Center</b> <b>6081 Center Dr. LA</b> <b>Cross St</b> <b>Sepulveda Blvd.</b> <b>Meet at 4PM</b> <b>until your choice of movie is over.</b>	<b>25. Movers</b> @ <b>HAMBURGER HABIT</b> <b>11223 NATIONAL BLVD</b> <b>LOS ANGELES</b> <b>CROSS STREET SEPULVEDA BI</b> <b>4:30 PM-6:30PM</b>	<b>26. The Shakers</b> <b>The Habit</b> <b>1410 Redondo Beach</b> <b>Gardena</b> <b>Cross St</b> <b>Normandie Ave</b> <b>4:30PM-6:30PM</b>	<b>27.</b>  <div>           For more information            Please contact.            Linda Butler @            310-258-4245         </div>
<b>30.</b>	<b>31.</b>			



# Westside Regional Center (WRC) Needs Assessment Workgroup

The goal of the meetings is to hear from Westside Regional Center participants ages 16-25, on what we can do to strengthen services, hear new ideas, and discuss ways to identify and address barriers to services.

## Requirements:

- Individual Receiving Westside Regional Services
- Ages 16-25
- Fill out interest form



## **Needs Assessment Workgroup**

Workgroup to meet twice per year (once each semester). The purpose of the workgroup is to provide a venue for WRC to directly strategize with those we serve, across our catchment area, to enhance the targeting of our resource development efforts in the coming years. We will be scheduling in person community meetings in the coming months for recruitment, in addition to online application.





# Westside Regional Center (WRC) Needs Assessment Workgroup

## Interest Form Information Collected

- Name
- UCI #
- Age
- City
- Zipcode
- Brief description of interest

## Questions or Concerns

### **Contact Info**

Belen Enciso

Email: [belene@westsiderc.org](mailto:belene@westsiderc.org)

Phone #: 310-258-4050



**WESTSIDE**  
REGIONAL CENTER

## In celebration of National Disability Employment Awareness Month

Please join WRC's Employment First Business Advisory Committee as we offer this informational Session.

An overview of services that can be explored to provide support with achieving employment goals will be provided by WRC.  
Disability Rights California will provide an overview of Social Security and benefits.

# EMPLOYMENT AND SOCIAL SECURITY

- THURSDAY, OCTOBER 12, 2023
- 10AM – 12PM

Register for this Virtual Event here:

<https://tinyurl.com/wrcndeam2023>





**WESTSIDE**  
REGIONAL CENTER

En celebración de  
Mes Nacional de Concientización sobre el Empleo para Personas con Discapacidad

Únase al Comité Asesor Empresarial Empleo Primero del WRC mientras ofrecemos una Sesión informativa.

Una descripción general de los servicios que se pueden explorar para brindar apoyo para lograr

Los objetivos de empleo serán proporcionados por el WRC.

Disability Rights California proporcionará una descripción general del Seguro Social y los beneficios.

# EMPLEO Y SEGURO SOCIAL

- JUEVES, 12 DE OCTUBRE DE 2023
- 10AM – 12PM

Regístrese para este evento virtual aquí:

<https://tinyurl.com/wrcndeam2023>





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 private foundations)

OMB No. 1545-0047

**2021**Open to Public  
Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COASTAL DEVELOPMENTAL SERVICES FOUNDATION</b>		<b>D</b> Employer identification number <b>95-3822105</b>
	Doing business as <b>WESTSIDE REGIONAL CENTER</b>		<b>E</b> Telephone number <b>(310) 258-4000</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>5901 GREEN VALLEY CIRCLE</b>	Room/suite <b>320</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>CULVER CITY, CA 90230</b>		
	<b>F</b> Name and address of principal officer: <b>JANE BOROCHOFF</b> <b>SAME AS C ABOVE</b>		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.WESTSIDERC.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1983</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>COASTAL DEVELOPMENTAL SERVICES FOUNDATION (THE "FOUNDATION") COORDINATES SUPPORTS FOR THE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>252</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>12</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 302,367,323.	<b>Current Year</b> 339,694,425.
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,610,531.	1,343,752.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,825.	4,455.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	128,006.	123,880.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	304,136,685.	341,166,512.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	290,399,555.	303,554,593.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	23,155,178.	21,240,105.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,733,894.	4,044,622.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	317,288,627.	328,839,320.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-13,151,942.	12,327,192.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 138,135,392.	<b>End of Year</b> 181,360,332.
	<b>21</b> Total liabilities (Part X, line 26)	127,924,600.	168,976,323.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	10,210,792.	12,384,009.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	JANE BOROCHOFF, EXECUTIVE DIRECTOR		Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JOE HUIE				P00422192
<b>Preparer Use Only</b>	Firm's name ▶	LINDQUIST, VON HUSEN & JOYCE LLP		Firm's EIN ▶	94-1250261
	Firm's address ▶	301 HOWARD STREET, SUITE 850 SAN FRANCISCO, CA 94105		Phone no. (415) 957-9999	

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



## Form 990 (2021)

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b>
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**1** Briefly describe the organization's mission:

SEE SCHEDULE O FOR CONTINUATION(S)

**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Form 990 (2021)

95-3822105 Page **3**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>X</b>	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>

**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Form 990 (2021)

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 414	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Form 990 (2021)

95-3822105 Page **5**

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	<b>2a</b> 252		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	<b>3b</b>		
<b>4a</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)? .....	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country ▶ .....			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders .....	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand .....	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	<b>15</b>		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....	<b>17</b>		
If "Yes," complete Form 6069.			

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

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	<b>12</b>	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	<b>11</b>	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>		

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**  
**DANNY FRANCO - (310) 258-4000**  
**5901 GREEN VALLEY CIRCLE, SUITE 320, CULVER CITY, CA 90230**

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROSCHELL T. ASHLEY FORMER EXECUTIVE DIR - UNTIL 04/2021	40.00						X	312,073.	0.	10,031.
(2) MARY LOU WEISE-STUSSER INTERIM EXECUTIVE DIRECTOR	40.00			X				183,671.	0.	25,525.
(3) SONYA LOWE DIRECTOR OF HR	40.00				X			162,190.	0.	27,897.
(4) CESAR GARCIA DIRECTOR OF CLIENT SVC	40.00				X			156,960.	0.	28,171.
(5) THOMPSON KELLY DIRECTOR OF CLINICAL SVCS	40.00				X			152,857.	0.	27,184.
(6) STEVE YI DIRECTOR OF IT	40.00				X			145,561.	0.	24,969.
(7) DANNY FRANCO DIRECTOR OF FINANCE	40.00			X				141,193.	0.	21,474.
(8) CRISTINA AZANTIAN ES INTAKE MANAGER	40.00				X			120,317.	0.	22,392.
(9) BETTY PEARSON-GRIMBLE PRESIDENT	4.00	X		X				0.	0.	0.
(10) NILO CHOUDHRY TREASURER	4.00	X		X				0.	0.	0.
(11) TODD RUBIEN CO-SECRETARY	4.00	X		X				0.	0.	0.
(12) VANDA YUNG DIRECTOR	2.00	X						0.	0.	0.
(13) JOSEPH ALLEN DIRECTOR	2.00	X						0.	0.	0.
(14) JOAN ELAINE ANDERSON DIRECTOR	2.00	X						0.	0.	0.
(15) ELIZABETH ESPINOSA DIRECTOR	2.00	X						0.	0.	0.
(16) ZOEY GIESBERG DIRECTOR	2.00	X						0.	0.	0.
(17) DR. GODWIN ORKEH CO-SECRETARY	4.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KYLE JONES DIRECTOR	2.00	X						0.	0.	0.
(19) JENNIFER E. COHEN DIRECTOR	2.00	X						0.	0.	0.
(20) DAVID WYLES VICE PRESIDENT	4.00	X		X				0.	0.	0.
(21) JANE BOROCOFF EXECUTIVE DIRECTOR (1/31/22)	40.00			X				0.	0.	0.
<b>1b Subtotal</b>								1,374,822.	0.	187,643.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,374,822.	0.	187,643.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PREMIER HEALTHCARE SERVICES, 6133 BRISTOL PARKWAY STE 350, CULVER, CA 90230	HOME HEALTHCARE	31,492,062.
24HR HOMECARE, 3812 SEPULVEDA BLVD #240, TORRANCE, CA 90505	HOME HEALTHCARE	28,721,762.
WCAY INC 500 W HILLSDALE ST., INGLEWOOD, CA 90302	SUPPORTED LIVING	12,293,808.
MAXIM HEALTHCARE SERVICES, 8616 LA TIJERA BLVD. #322, LOS ANGELES, CA 90045	HOME HEALTHCARE	9,747,776.
MY LIFE FOUNDATION 1515 W 190TH ST. #156, GARDENA, CA 90248	SUPPORTED LIVING	8,467,134.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **292**

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	339,694,425.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> INTERMEDIATE CARE FACILITIES .....	<b>Business Code</b>	623000	1,343,752.	1,343,752.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			1,343,752.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			4,455.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses .....							
<b>c</b> Rental income or (loss) .....							
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....							
<b>c</b> Gain or (loss) .....							
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....							
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....							
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....							
<b>b</b> Less: cost of goods sold .....							
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER INCOME .....	<b>Business Code</b>	900099	123,880.			123,880.
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			123,880.			
	<b>12 Total revenue.</b> See instructions .....			341,166,512.	1,343,752.	0.	128,335.



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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	303,554,593.	303,554,593.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	478,650.	156,974.	321,676.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	14,956,635.	10,473,483.	4,483,152.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,973,636.	1,361,809.	611,827.	
<b>9</b> Other employee benefits	3,612,727.	2,512,671.	1,100,056.	
<b>10</b> Payroll taxes	218,457.	150,735.	67,722.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	356,149.	245,743.	110,406.	
<b>c</b> Accounting	76,726.		76,726.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	407,747.	281,345.	126,402.	
<b>12</b> Advertising and promotion	225,257.	151,116.	74,141.	
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	1,712,387.	1,181,547.	530,840.	
<b>17</b> Travel	19,599.	17,247.	2,352.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	757.		757.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	174,960.		174,960.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>EQUIPMENT AND FACILITY</b>	493,292.	340,371.	152,921.	
<b>b</b> <b>COMMUNICATION</b>	287,016.	198,041.	88,975.	
<b>c</b> <b>PRINTING</b>	143,246.	98,840.	44,406.	
<b>d</b> <b>DUES</b>	69,347.		69,347.	
<b>e</b> All other expenses	78,139.	53,916.	24,223.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	328,839,320.	320,778,431.	8,060,889.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	500.	<b>1</b>	500.
	<b>2</b> Savings and temporary cash investments .....	17,249,923.	<b>2</b>	30,956,209.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	81,266,436.	<b>4</b>	99,321,569.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	530,277.		
	<b>b</b> Less: accumulated depreciation .....	530,277.	0.	<b>10c</b> 0.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	39,618,533.	<b>15</b>	51,082,054.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	138,135,392.	<b>16</b>	181,360,332.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	38,647,513.	<b>17</b>	40,941,265.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	2,380,722.	<b>21</b>	2,109,936.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	86,896,365.	<b>25</b>	125,925,122.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	127,924,600.	<b>26</b>	168,976,323.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>X</b> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	10,210,792.	<b>27</b>	12,384,009.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	10,210,792.	<b>32</b>	12,384,009.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	138,135,392.	<b>33</b>	181,360,332.	

Form **990** (2021)

**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Form 990 (2021)

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI ☒ **X**

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	341,166,512.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	328,839,320.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	12,327,192.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	10,210,792.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-10,153,975.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	12,384,009.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☒ **X**

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

Form **990** (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **COASTAL DEVELOPMENTAL SERVICES FOUNDATION** Employer identification number **95-3822105**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Schedule A (Form 990) 2021

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	228,101,354.	244,050,350.	277,979,001.	302,367,323.	339,694,425.	1392192453.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	228,101,354.	244,050,350.	277,979,001.	302,367,323.	339,694,425.	1392192453.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						1392192453.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	228,101,354.	244,050,350.	277,979,001.	302,367,323.	339,694,425.	1392192453.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	25,773.	117,083.	156,481.	30,825.	4,455.	334,617.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			144,340.	128,006.	123,880.	396,226.
<b>11 Total support.</b> Add lines 7 through 10						1392923296.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	10,665,913.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						▶ <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.95 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	99.95 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶	<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶	<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶	<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶	<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶	<input type="checkbox"/>

Schedule A (Form 990) 2021

**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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

**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Schedule A (Form 990) 2021

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**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

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**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			



**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Schedule A (Form 990) 2021

95-3822105 Page **6**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Schedule A (Form 990) 2021

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION

Employer identification number

95-3822105

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization <b>COASTAL DEVELOPMENTAL SERVICES FOUNDATION</b>	Employer identification number <b>95-3822105</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF DEVELOPMENTAL SERVICE - STATE OF CALIFORNIA  1215 O STREET, 10TH FLOOR MS 10-10  SACRAMENTO, CA 95814	\$ 339,694,425.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

95-3822105

## Part II

[illegible]

Name of organization <b>COASTAL DEVELOPMENTAL SERVICES FOUNDATION</b>	Employer identification number <b>95-3822105</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021****Open to Public  
Inspection****Name of the organization** COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**Employer identification number**  
95-3822105**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....



**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Schedule D (Form 990) 2021

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- |   |  |
|---|--|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange program |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____              |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |  |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

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

- a** Board designated or quasi-endowment  %
- b** Permanent endowment  %
- c** Term endowment  %

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

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

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		530,277.	530,277.	0.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Schedule D (Form 990) 2021

**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Schedule D (Form 990) 2021

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**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	147,242.
(2) DUE FROM STATE	50,379,054.
(3) OTHER RECEIVABLES	513,922.
(4) DUE FROM TRUST FUND	41,836.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	51,082,054.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST-RETIREMENT HEALTH CARE PLAN	
(3) OBLIGATION	16,014,333.
(4) DUE TO STATE	1,181,291.
(5) DEFERRED RENT LIABILITY	897,825.
(6) UNFUNDED DEFINED BENEFIT PLAN	
(7) LIABILITY	17,995,702.
(8) CONTRACT ADVANCE	89,835,971.
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	125,925,122.

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

**Schedule D (Form 990) 2021**

**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Schedule D (Form 990) 2021

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**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	<b>341,166,512.</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	<b>0.</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>341,166,512.</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	<b>0.</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	<b>341,166,512.</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	<b>328,839,320.</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	<b>0.</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>328,839,320.</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	<b>0.</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	<b>328,839,320.</b>

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

THE FOUNDATION FUNCTIONS AS CUSTODIAN FOR THE RECEIPT OF CERTAIN GOVERNMENTAL PAYMENTS AND RESULTING DISBURSEMENTS MADE ON BEHALF OF REGIONAL CENTER CLIENTS. THESE CASH BALANCES ARE SEGREGATED FROM THE OPERATING CASH ACCOUNTS OF THE FOUNDATION AND ARE RESTRICTED FOR CLIENT SUPPORT. A LARGE MAJORITY OF THE CLIENT SUPPORT RECEIVED COMES FROM SOCIAL SECURITY. THE FUNDS ARE DISBURSED FOR RESIDENTIAL CARE AND OTHER EXPENSES RELATED TO THE CARE OF THE SPECIFIC CLIENTS OF THE REGIONAL CENTER.

**PART X, LINE 2:**

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS

COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION

Schedule D (Form 990) 2021

95-3822105 Page 5

**Part XIII** Supplemental Information *(continued)*

THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION'S FEDERAL  
AND STATE INFORMATION RETURNS FOR THE YEARS 2018 THROUGH 2021 ARE SUBJECT  
TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR  
YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

**Employer identification number**  
**95-3822105**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶

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

**Schedule I (Form 990) 2021**

**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Schedule I (Form 990) 2021

95-3822105

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RESIDENTIAL CARE FACILITIES	11528	60,086,321.	0.		
DAY PROGRAM	11528	22,884,912.	0.		
OTHER PURCHASED SERVICES	11528	220,583,360.	0.		

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

ASSISTANCE IS PROVIDED TO RESIDENTS OF THE STATE OF CALIFORNIA IN THE  
FOUNDATION'S CATCHMENT AREA WHO HAVE DEVELOPMENTAL DISABILITIES. THE  
FOUNDATION MAINTAINS CONFIDENTIAL FILES ON EACH OF ITS CLIENTS. THE  
FOUNDATION IS AUDITED BY THE STATE OF CALIFORNIA'S DEPARTMENT OF  
DEVELOPMENTAL SERVICES AND ALSO REVIEWED BY FEDERAL STAFF FROM CMS TO  
ENSURE COMPLIANCE.

THE FOUNDATION SERVED MORE THAN 11,528 CONSUMERS DURING THE FISCAL YEAR

**Part IV** Supplemental Information

ENDED JUNE 30, 2022. FOR EVERY NEW APPLICANT, THE FOUNDATION PROVIDED  
DIAGNOSTIC AND ASSESSMENT SERVICES. EACH ELIGIBLE CLIENT RECEIVED SERVICE  
COORDINATION BY FOUNDATION STAFF, AND PURCHASED SERVICES BASED ON THEIR  
INDIVIDUAL PROGRAM PLAN. THE PROGRAMS CREATED FOR EACH CLIENT IS DEPENDENT  
ON THIS INDIVIDUAL ASSESSMENT, AND PERSONALIZED BASED ON THE INDIVIDUAL'S  
NEED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Employer identification number

**95-3822105**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021



**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Schedule J (Form 990) 2021

95-3822105

Page **2**

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

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROSCHELL T. ASHLEY FORMER EXECUTIVE DIR - UNTIL 04/2021	(i)	66,154.	0.	245,919.	5,548.	4,483.	322,104.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY LOU WEISE-STUSSER INTERIM EXECUTIVE DIRECTOR	(i)	183,571.	0.	100.	15,399.	10,126.	209,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SONYA LOWE DIRECTOR OF HR	(i)	160,000.	1,250.	940.	13,422.	14,475.	190,087.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CESAR GARCIA DIRECTOR OF CLIENT SVC	(i)	155,610.	1,250.	100.	13,053.	15,118.	185,131.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THOMPSON KELLY DIRECTOR OF CLINICAL SVCS	(i)	150,667.	1,250.	940.	12,639.	14,545.	180,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEVE YI DIRECTOR OF IT	(i)	143,371.	1,250.	940.	12,027.	12,942.	170,530.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DANNY FRANCO DIRECTOR OF FINANCE	(i)	139,843.	1,250.	100.	11,731.	9,743.	162,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION

95-3822105

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

DURING THE YEAR ENDED DECEMBER 31, 2021, ROSCHELL T. ASHLEY, FORMER  
EXECUTIVE DIRECTOR, RECEIVED A SEPARATION PAYMENT OF \$232,917.

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open To Public  
Inspection**

Name of the organization **COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Employer identification number  
**95-3822105**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2021



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION

Employer identification number  
95-3822105

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEVELOPMENTALLY DISABLED AND THEIR FAMILIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OPTIONS, SUPPORTED WORK AND VOCATIONAL PROGRAMS, ADVOCACY, TRAINING AND  
EDUCATIONAL OPPORTUNITIES, AND OTHER SUPPORT SERVICES FOR CONSUMERS AND  
FAMILIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTOR'S FINANCE COMMITTEE FOR  
REVIEW. A FINAL FORM 990 IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES AND BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT OF  
INTEREST FORM PROVIDED BY DDS AT LEAST ON AN ANNUAL BASIS. FORMS ARE  
REVIEWED BY THE EXECUTIVE DIRECTOR FOR POTENTIAL CONFLICTS. IF A CONFLICT  
EXISTS, A CONFLICT RESOLUTION PLAN IS CREATED AND SENT TO DDS FOR REVIEW  
AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED THROUGH INDEPENDENT REVIEW  
AND APPROVAL BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS BASED ON  
COMPENSATION STUDIES AND COMPARABLES.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

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

Schedule O (Form 990) 2021

Name of the organization **COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Employer identification number  
**95-3822105**

ARE AVAILABLE ON THE WEBSITE

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

POST-RETIREMENT BENEFIT 3,885,066.

CHANGE IN DEFINED BENEFIT PLAN LIABILITY -14,039,041.

TOTAL TO FORM 990, PART XI, LINE 9 -10,153,975.

FORM 990, PART XII LINE 2C

THERE IS NO CHANGE IN THE OVERSIGHT AND SELECTION PROCESS.

2021

# California Exempt Organization Annual Information Return

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021, and ending (mm/dd/yyyy) 06/30/2022.

Corporation/Organization name  
**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

California corporation number  
**1166095**

Additional information. See instructions.

FEIN  
**95-3822105**

Street address (suite or room)  
**5901 GREEN VALLEY CIRCLE, NO. 320**

PMB no.

City  
**CULVER CITY**

State  
**CA**

ZIP code  
**90230**

Foreign country name

Foreign province/state/county

Foreign postal code

**A** First return ☐ Yes ☒ No

**B** Amended return ☐ Yes ☒ No

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

**D** Final information return?

☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date: (mm/dd/yyyy) ☐

**E** Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

**F** Federal return filed? (1) ☐ 990T (2) ☐ 990PF (3) ☐ Sch H (990) (4) ☒ Other 990 series

**G** Is this a group filing? See instructions ☐ Yes ☒ No

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

If "Yes," what is the parent's name?

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions ☐ Yes ☒ No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☒ No

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

If "Yes," enter the gross receipts from nonmember sources \$

**L** Is the organization a limited liability company? ☐ Yes ☒ No

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

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

**O** Is federal Form 1023/1024 pending? ☐ Yes ☒ No

Date filed with IRS

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,472,087	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	339,694,425	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	341,166,512	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	341,166,512	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	328,839,320	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	12,327,192	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title <b>EXECUTIVE DIRE</b>	Date	• Telephone	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	• PTIN <b>P00422192</b>	
	Firm's name (or yours, if self-employed) and address			• Firm's FEIN <b>94-1250261</b>	
				• Telephone <b>(415) 957-9999</b>	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION

95-3822105

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions .....	•	1		00
	2	Interest .....	•	2	4,455	00
	3	Dividends .....	•	3		00
	4	Gross rents .....	•	4		00
	5	Gross royalties .....	•	5		00
	6	Gross amount received from sale of assets (See instructions) .....	•	6		00
	7	Other income ..... <b>SEE STATEMENT 3</b> .....	•	7	1,467,632	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 .....	•	8	1,472,087	00
	9	Contributions, gifts, grants, and similar amounts paid ..... <b>STATEMENT 4</b> .....	•	9	303,554,593	00
	10	Disbursements to or for members .....	•	10		00
	11	Compensation of officers, directors, and trustees ..... <b>SEE STATEMENT 5</b> .....	•	11	478,650	00
	12	Other salaries and wages .....	•	12	14,956,635	00
	13	Interest .....	•	13	757	00
	14	Taxes .....	•	14	218,457	00
	15	Rents .....	•	15	1,712,387	00
	16	Depreciation and depletion (See instructions) .....	•	16		00
	17	Other expenses and disbursements ..... <b>SEE STATEMENT 6</b> .....	•	17	7,917,841	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 .....	•	18	328,839,320	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1 Cash .....			17,250,423		• 30,956,709
2 Net accounts receivable .....			81,266,436		• 99,321,569
3 Net notes receivable .....					•
4 Inventories .....					•
5 Federal and state government obligations .....					•
6 Investments in other bonds .....					•
7 Investments in stock .....					•
8 Mortgage loans .....					•
9 Other investments .....					•
10 a Depreciable assets .....		432,441		530,277	
b Less accumulated depreciation .....		( 432,441 )		( 530,277 )	
11 Land .....					•
12 Other assets .....	STMT 7		39,618,533		• 51,082,054
13 Total assets .....			138,135,392		181,360,332
Liabilities and net worth					
14 Accounts payable .....			38,647,513		• 40,941,265
15 Contributions, gifts, or grants payable .....					•
16 Bonds and notes payable .....	STMT 8		2,380,722		• 2,109,936
17 Mortgages payable .....					•
18 Other liabilities .....	STMT 9		86,896,365		125,925,122
19 Capital stock or principal fund .....					•
20 Paid-in or capital surplus. Attach reconciliation .....					•
21 Retained earnings or income fund .....			10,210,792		• 12,384,009
22 Total liabilities and net worth .....			138,135,392		181,360,332

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

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books .....	• 12,327,192	7 Income recorded on books this year not included in this return. Attach schedule .....	•
2 Federal income tax .....	•	8 Deductions in this return not charged against book income this year. Attach schedule .....	•
3 Excess of capital losses over capital gains .....	•	9 Total. Add line 7 and line 8 .....	
4 Income not recorded on books this year. Attach schedule .....	•	10 Net income per return. Subtract line 9 from line 6 .....	12,327,192
5 Expenses recorded on books this year not deducted in this return. Attach schedule .....	•		
6 Total. Add line 1 through line 5 .....	12,327,192		



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CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	1
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
DEPARTMENT OF DEVELOPMENTAL SERVICE - STATE OF CALIFORNIA	1215 O STREET, 10TH FLOOR MS 10-10 SACRAMENTO, CA 95814	06/30/22	339,694,425.
TOTAL INCLUDED ON LINE 3			339,694,425.

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FOOTNOTES	STATEMENT	2
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DEPRECIATION SUPPORTING STATEMENT  
06/30/2022

FURNITURE AND EQUIPMENT	530,277.
LESS: ACCUMULATED DEPRECIATION	-530,277.
TOTAL PROPERTY AND EQUIPMENT	0.

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CA 199	OTHER INCOME	STATEMENT	3
DESCRIPTION		AMOUNT	
OTHER INCOME		123,880.	
INTERMEDIATE CARE FACILITIES		1,343,752.	
TOTAL TO FORM 199, PART II, LINE 7		1,467,632.	

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	4
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## ACTIVITY CLASSIFICATION: OTHER PURCHASED SERVICES

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VARIOUS	5901 GREEN VALLEY CIRCLE - CULVER CITY, CA 90230	NONE	220,583,360.

TOTAL FOR THIS ACTIVITY 220,583,360.

## ACTIVITY CLASSIFICATION: DAY PROGRAM

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VARIOUS	5901 GREEN VALLEY CIRCLE - CULVER CITY, CA 90230	NONE	22,884,912.

TOTAL FOR THIS ACTIVITY 22,884,912.

## ACTIVITY CLASSIFICATION: RESIDENTIAL CARE FACILITIES

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VARIOUS	5901 GREEN VALLEY CIRCLE - CULVER CITY, CA 90230	NONE	60,086,321.

## TOTAL FOR THIS ACTIVITY

60,086,321.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

303,554,593.

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CA 199                      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                      STATEMENT                      5

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ROSCHELL T. ASHLEY 5901 GREEN VALLEY CIRCLE, 320 CULVER CITY, CA 90230	FORMER EXECUTIVE DIR - UNT 40.00	0.
MARY LOU WEISE-STUSSER 5901 GREEN VALLEY CIRCLE, 320 CULVER CITY, CA 90230	INTERIM EXECUTIVE DIRECTOR 40.00	229,757.
DANNY FRANCO 5901 GREEN VALLEY CIRCLE, 320 CULVER CITY, CA 90230	DIRECTOR OF FINANCE 40.00	164,702.
BETTY PEARSON-GRIMBLE 5901 GREEN VALLEY CIRCLE, 320 CULVER CITY, CA 90230	PRESIDENT 4.00	0.
NILO CHOUDHRY 5901 GREEN VALLEY CIRCLE, 320 CULVER CITY, CA 90230	TREASURER 4.00	0.
TODD RUBIEN 5901 GREEN VALLEY CIRCLE, 320 CULVER CITY, CA 90230	CO-SECRETARY 4.00	0.
VANDA YUNG 5901 GREEN VALLEY CIRCLE, 320 CULVER CITY, CA 90230	DIRECTOR 2.00	0.
JOSEPH ALLEN 5901 GREEN VALLEY CIRCLE, 320 CULVER CITY, CA 90230	DIRECTOR 2.00	0.
JOAN ELAINE ANDERSON 5901 GREEN VALLEY CIRCLE, 320 CULVER CITY, CA 90230	DIRECTOR 2.00	0.

COASTAL DEVELOPMENTAL SERVICES	FOUNDATI	95-3822105
ELIZABETH ESPINOSA	DIRECTOR	0.
5901 GREEN VALLEY CIRCLE, 320	2.00	
CULVER CITY, CA 90230		
ZOEY GIESBERG	DIRECTOR	0.
5901 GREEN VALLEY CIRCLE, 320	2.00	
CULVER CITY, CA 90230		
DR. GODWIN ORKEH	CO-SECRETARY	0.
5901 GREEN VALLEY CIRCLE, 320	4.00	
CULVER CITY, CA 90230		
KYLE JONES	DIRECTOR	0.
5901 GREEN VALLEY CIRCLE, 320	2.00	
CULVER CITY, CA 90230		
JENNIFER E. COHEN	DIRECTOR	0.
5901 GREEN VALLEY CIRCLE, 320	2.00	
CULVER CITY, CA 90230		
DAVID WYLES	VICE PRESIDENT	0.
5901 GREEN VALLEY CIRCLE, 320	4.00	
CULVER CITY, CA 90230		
JANE BOROCHOFF	EXECUTIVE DIRECTOR (1/31/2	84,191.
5901 GREEN VALLEY CIRCLE, 320	40.00	
CULVER CITY, CA 90230		
TOTAL TO FORM 199, PART II, LINE 11		478,650.

CA 199	OTHER EXPENSES	STATEMENT	6
DESCRIPTION		AMOUNT	
EQUIPMENT AND FACILITY		493,292.	
COMMUNICATION		287,016.	
PRINTING		143,246.	
DUES		69,347.	
PENSION PLAN CONTRIBUTIONS		1,973,636.	
OTHER EMPLOYEE BENEFITS		3,612,727.	
LEGAL FEES		356,149.	
ACCOUNTING FEES		76,726.	
OTHER PROFESSIONAL FEES		407,747.	
OFFICE EXPENSES		225,257.	
TRAVEL		19,599.	
INSURANCE		174,960.	
ALL OTHER EXPENSES		78,139.	
TOTAL TO FORM 199, PART II, LINE 17		7,917,841.	

CA 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEPOSITS	147,242.	147,242.	
DUE FROM STATE	38,979,149.	50,379,054.	
OTHER RECEIVABLES	456,431.	513,922.	
DUE FROM TRUST FUND	35,711.	41,836.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	39,618,533.	51,082,054.	

CA 199	BONDS AND NOTES PAYABLE	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ESCROW ACCOUNT LIABILITIES	2,380,722.	2,109,936.	
TOTAL TO FORM 199, SCHEDULE L, LINE 16	2,380,722.	2,109,936.	

CA 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
POST-RETIREMENT HEALTH CARE PLAN OBLIGATION	21,218,967.	16,014,333.	
DUE TO STATE	1,181,292.	1,181,291.	
DEFERRED RENT LIABILITY	603,321.	897,825.	
UNFUNDED DEFINED BENEFIT PLAN LIABILITY	3,956,661.	17,995,702.	
CONTRACT ADVANCE	59,936,124.	89,835,971.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	86,896,365.	125,925,122.	

CA 199	FUND BALANCES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
NET ASSETS WITHOUT DONOR RESTRICTIONS	10,210,792.	12,384,009.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	10,210,792.	12,384,009.	

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
  
WEBSITE ADDRESS:  
www.oag.ca.gov/charities

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
**Sections 12586 and 12587, California Government Code**  
**11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

**COASTAL DEVELOPMENTAL SERVICES  
FOUNDATION**

Name of Organization

**WESTSIDE REGIONAL CENTER**

List all DBAs and names the organization uses or has used

**5901 GREEN VALLEY CIRCLE, NO. 320**

Address (Number and Street)

**CULVER CITY, CA 90230**

City or Town, State, and ZIP Code

**(310) 258-4000**

Telephone Number

E-mail Address

Check if:

- ☐ Change of address  
☐ Amended report

State Charity Registration Number **CT51078**

Corporation or Organization No. **1166095**

Federal Employer ID No. **95-3822105**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
**Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) \$ 341,166,512 Noncash Contributions \$ 0 Total Assets \$ 181,360,332  
Program Expenses \$ 320,778,431 Total Expenses \$ 328,839,320

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? <b>SEE STATEMENT 11</b>	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? <b>SEE STATEMENT 12</b>	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

**JANE BOROCOFF**

**EXECUTIVE DIRECTOR**

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1	EXPLANATION OF FINANCIAL TRANSACTIONS PART B, LINE 1	STATEMENT 11
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A MEMBER OF THE BOARD OF DIRECTORS IS AN OFFICER OF AN ENTITY THAT  
TRANSACTIONED BUSINESS WITH THE REGIONAL CENTER. THIS VENDOR  
REPRESENTATIVE SITS ON THE BOARD OF DIRECTORS PURSUANT TO THE  
LANTERMAN ACT WHICH STATES THAT THE BOARD MUST HAVE AT LEAST ONE  
VENDOR REPRESENTATIVE.

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CA RRF-1	INFORMATION REGARDING GOVERNMENTAL FUNDING	STATEMENT	12
	PART B, LINE 5		

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DEPARTMENT OF DEVELOPMENTAL SERVICES - STATE OF CALIFORNIA  
1215 O STREET, 10TH FLOOR MS 10-10  
SACRAMENTO, CA 95814  
PARMINDER SINGH (916)654-1897





SEPTEMBER 29, 2023

# A Proclamation on National Disability Employment Awareness Month, 2023

People with disabilities have long strengthened our economy and expanded our Nation's possibilities. During National Disability Employment Awareness Month, we recognize the immense contributions of disabled Americans, and we recommit to delivering America's full promise of equal dignity, respect, and opportunity for every American.

I had the honor of helping to pass the Rehabilitation Act in my first year in the United States Senate. Then, in 1990, with the help of activists and bipartisan legislators and under the leadership of Senator Tom Harkin, we passed the Americans with Disabilities Act (ADA) — a groundbreaking civil rights law that banned discrimination against people with disabilities in most areas of public life, including in workplaces, schools, and public transit. I was proud to co-sponsor that law back then and to build on its lasting legacy in the Obama-Biden Administration, including by setting hiring goals for people with disabilities in Federal contracts.

While the Rehabilitation Act and the ADA made significant strides toward equal opportunity for people with disabilities, there is more work to do. People with disabilities are three times less likely to have a job, and when they do, they are often paid less money for doing the same work.

Since the start of the my Administration, we have been working hard to promote job opportunities for Americans with disabilities. I truly believe that a workforce that includes people with disabilities is one that is stronger and more effective. And as the Nation's largest employer, the Federal Government has a responsibility to set the standard for fair and decent practices in the workplace. That is why, in my first year in office, I issued an Executive Order to prioritize diversity, equity, inclusion, and accessibility in the Federal Government. That Executive Order directs agencies to identify and remove barriers to hiring and promotion for job applicants and employees with disabilities as well as maximize the accessibility of workplaces.

My Administration has also ended the use of unfair sub-minimum wages in Federal contracts, which previously allowed employers to pay workers with disabilities less than the minimum wage for federally contracted workers.

Meanwhile, the Department of Labor is working around the clock to protect the rights of disabled workers on Federal contracts and to promote their competitive integrated employment alongside other similarly situated workers without disabilities. The Office of Disability Employment Policy launched several national online dialogues to solicit broad stakeholder input on the effectiveness of employment programs and services for people from underrepresented groups within the disability community. In addition, we are coordinating with our partners at all levels of government, in the private sector, and in civil society to use Federal funding to provide new employment opportunities to people with disabilities.

My Bipartisan Infrastructure Law is also funding projects that are lowering transportation barriers that prevent disabled Americans from finding employment. This once-

in-a-generation investment in our Nation's infrastructure is making transit and public services more accessible. It includes \$1.75 billion to repair and improve accessibility in transit stations across America and \$65 billion to expand access to high-speed internet so more disabled Americans can work, study, and stay connected from home. In August, the Department of Justice issued a notice of proposed rulemaking under Title II of the ADA that aims to improve web and mobile applications access for people with disabilities and clarify how public entities — primarily State and local governments — can meet their existing ADA obligations as many of their activities shift online, further breaking down barriers to employment.

America is the only country in the world founded on an idea: that we are all created equal and deserve to be treated equally throughout our lives. This National Disability Employment Awareness Month, we celebrate all the people with disabilities who have moved our Nation closer to realizing that ideal and, in the process, have made America more prosperous, inclusive, and humane. As we celebrate the progress we have made, may we continue to open the doors of opportunity even wider for people with disabilities by advancing access and equity.

NOW, THEREFORE, I, JOSEPH R. BIDEN JR., President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim October 2023 as National Disability Employment Awareness Month. I urge all Americans to embrace the talents and skills of workers with disabilities and to promote the right to equal employment opportunity for all.

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-ninth day of September, in the year of our Lord

two thousand twenty-three, and of the Independence of the  
United States of America the two hundred and forty-eighth.

JOSEPH R. BIDEN JR.

EXECUTIVE DEPARTMENT  
STATE OF CALIFORNIA

PROCLAMATION

California is proud to join the nation in commemorating Disability Employment Awareness Month this October, an opportunity to recognize the critical contributions by people with disabilities to our workplaces, economy and communities. This year's theme, "Advancing Access and Equity," shines a light on the ongoing work to remove barriers for people with disabilities and strengthen inclusion and integration in all aspects of life.

Home to more than 7 million adults with disabilities, California understands the important role people with disabilities – visible and invisible – play in a diverse and inclusive workforce. My Administration is committed to recruiting and retaining a workforce that reflects the diversity of Californians. In partnership with the Legislature, we have enacted new laws to help state agencies identify, hire and promote employees with disabilities; facilitate reasonable accommodations for state employees with disabilities; and end subminimum wages for workers with intellectual and developmental disabilities, among other measures.

Our state is also taking action to expand education and career training opportunities for all Californians, including landmark special education reforms and investments totaling \$3.5 billion to increase access and inclusion for students with disabilities. This August, my Administration launched the development of a new Master Plan on Career Education that will guide the state's work to promote equitable access to career pathways and hands-on learning for Californians of all backgrounds – inclusive of ability, age, income, geography, race, ethnicity, sex, gender, immigration status, justice involvement, and more.

These efforts are important as ever. Employment is a social determinant of health, and people with disabilities who work are proven to have better physical and mental health outcomes and better economic security. While employees with disabilities invaluablely enrich their workplaces with their talents and unique perspectives, the unemployment rate for individuals with disabilities has consistently remained around 70 percent. California must lead by employing individuals with disabilities and by developing and implementing programs that address this persistent inequity and improve employment outcomes for people with disabilities.

As we celebrate National Disability Employment Awareness Month and the many contributions people with disabilities make to the prosperity and vitality of our state, let us reaffirm our commitment to expanding access, equity and opportunity across the board for all Californians.

**NOW THEREFORE I, GAVIN NEWSOM**, Governor of the State of California, do hereby proclaim October 2023 as "Disability Employment Awareness Month."



**IN WITNESS WHEREOF** I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 5<sup>th</sup> day of October 2023.

  
GAVIN NEWSOM  
Governor of California

**ATTEST:**  
  
SHIRLEY N. WEBER, Ph.D.  
Secretary of State