PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 1072576

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A	For the	2012 calendar year, or tax year beginning JU	L 1, 2012 and	ending J	UN 30, 2013			
В	Check if	C Name of organization			D Employer identifi	cation number		
	applicable:	SAN DIEGO IMPERIAL COUN	TIES					
	Address	DEVELOPMENTAL SERVICES,	INC.					
	Name change	Doing Business As				735517		
	Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone numbe			
L	Termin- ated	4355 RUFFIN ROAD, #110)576-2996		
	Amende	City, town, or post office, state, and ZIP code	G Gross receipts \$	272,266,398.				
L	Applica- tion pending	SAN DIEGO, CA JZIZS	0.0. 57.005.0		H(a) Is this a group re	eturn Yes X No		
	,	F Name and address of principal officer: CARL	OS FLORES		for affiliates?			
_		SAME AS C ABOVE	(21) 40.47/>/4)	or 527	H(b) Are all affiliates inc			
	Tax-exer		(insert no.) 4947(a)(1) o)r 52 <i>t</i>	•	list. (see instructions)		
J	Website	e: ► WWW.SDRC.ORG organization: X Corporation Trust Asso	ociation Other	I Voor	H(c) Group exemption	State of legal domicile: CA		
		Summary	ociation other	L Teal	or formation. 1902[1	VI State of legal dofficile. C11		
_	4 0	riefly describe the organization's mission or most s	ignificant activities: TO SI	ERVE I	NDTVIDUALS	WITH		
Activities & Governance	1 B	DEVELOPMENTAL DISABILITIES	& THETE FAMIL	IES: I	O HELP THEM	ACHIEVE		
nar	2 0	Check this box if the organization discont						
Ver	3 N	lumber of voting members of the governing body (F			3	21		
တိ	4 1	lumber of independent voting members of the government				20		
တိ	5 T	otal number of individuals employed in calendar ye				504		
itie	6 T	otal number of volunteers (estimate if necessary)				25		
cţi	7a T	otal unrelated business revenue from Part VIII, colu				0.		
Q	bN	let unrelated business taxable income from Form 9	90-T, line 34		7b	0.		
					Prior Year	Current Year		
<u>e</u>	8 0	Contributions and grants (Part VIII, line 1h)		2	55,046,497.			
Revenue	9 P	Program service revenue (Part VIII, line 2g)			363,946.			
3ev	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4, a	and 7d)		112,430. 342,918.	63,022. 58,688.		
-	11 0		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
_	+	otal revenue - add lines 8 through 11 (must equal F			55,865,791. 17,219,263.	272,266,398.		
		Grants and similar amounts paid (Part IX, column (A)			0.	229,422,420.		
		Benefits paid to or for members (Part IX, column (A),			32,057,928.	35,863,391.		
Expenses	15 S	Salaries, other compensation, employee benefits (Pa			0.	0.		
ens	16a P	Professional fundraising fees (Part IX, column (A), line		0.				
EX	17 6	otal fundraising expenses (Part IX, column (D), line other expenses (Part IX, column (A), lines 11a-11d,			6,558,305.	6,991,336.		
		otal expenses. Add lines 13-17 (must equal Part IX.			55,835,496.			
		Revenue less expenses. Subtract line 18 from line 1			30,295.			
Or ope	3	iovolide lede experience. Cabildet into 10 from into 1		Ве	ginning of Current Year	End of Year		
ets	20 T	otal assets (Part X, line 16)			41,885,289.	53,416,171.		
ASS	21 T	otal liabilities (Part X, line 26)			85,275,767.	78,629,446.		
Net Assets or	22 N	let assets or fund balances. Subtract line 21 from li	ine 204		43,390,478.	-25,213,275.		
P	art II	Signature Block	Sal					
		ies of perjury, I declare that I have examined this return, K				y knowledge and belief, it is		
true	e, correct,	and complete. Declaration of preparer (other than officer)	is based on all information of wh	ich preparer	has any knowledge.			
		Signature of officer	2		Date			
Sig					Date			
He	re	MICHAEL BELL, CF						
_		, , , , , , , , , , , , , , , , , , , ,	Preparer's signature	П	Date Check	II PTIN		
Pai		Print/Type preparer's name OONITA M. JOSEPH	reparer a arguature		if self-employ	D00306656		
	-	Firm's name WINDES, INC.			Firm's EIN	95-3001179		
		Firm's address P.O. BOX 87			Ent			
501	· · · · · ·	LONG BEACH, CA 90	801-0087		Phone no. (562)435-1191		
Ma	v the IR	S discuss this return with the preparer shown abov			,	X Yes No		

Pai	Check if Schedule O contains a response to any question in this Part III
	Check is Contactate to Contactate a recognition to any question in the area.
1	Briefly describe the organization's mission:
	TO SERVE PERSONS WITH, OR AT RISK OF, DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES THROUGH THE OPERATION OF A STATE FUNDED REGIONAL
	CHAMBER AND OWNER CRECIALIZED DROCDAMS IN COLLABORATION AND
	CENTER, AND OTHER SPECIALIZED PROGRAMS, IN COLLABORATION AND COORDINATION WITH PUBLIC AND PRIVATE AGENCIES AND OTHER ENTITIES.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-F7? Yes X No
	are prior term 500 or 500 EZ.
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting or make significant changes in how it conducts, any program services? Yes X No
3	Did the organization coase conducting, or make digitime in containing and the conducting of make digitime in the conducting of the conduct
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
An	revenue, if any, for each program service reported. (Code:) (Expenses \$ 260,751,557. including grants of \$ 229,422,420.) (Revenue \$ 9,713,396.)
4a	(Code:) (Expenses \$ 260, 751, 557. including grants of \$ 229, 422, 420.) (Revenue \$ 9,713, 596.) THE ENTITY WAS ORGANIZED IN ACCORDANCE WITH THE PROVISIONS OF THE
	LANTERMAN DEVELOPMENTAL DISABILITIES SERVICES ACT OF THE WELFARE AND
	INSTITUTIONS CODE OF CALIFORNIA. IN ACCORDANCE WITH THE ACT, THE ENTITY
	WORKS IN PARTNERSHIP WITH PEOPLE WITH DEVELOPMENTAL DISABILITIES, THEIR
	FAMILIES, LOCAL COMMUNITIES, SERVICE PROVIDERS, AND THE GOVERNMENT. ITS
	MISSION IS TO ENABLE PERSONS WITH DEVELOPMENTAL DISABILITIES TO LIVE
	INDEPENDENT, PRODUCTIVE, AND SATISFYING LIVES IN THEIR COMMUNITY; THE
	ENTITY ALSO STRIVES TO LESSEN DEVELOPMENTAL DELAYS IN INFANTS AND YOUNG
	CHILDREN, AND MINIMIZE THE RISK OF DEVELOPMENTAL DISABILITIES. AMONG
	THE SERVICES AND SUPPORTS THE ENTITY PROVIDES OR COORDINATES ARE
	DIAGNOSIS AND ASSESSMENT, INDIVIDUALIZED PLANNING AND SERVICE
	COORDINATION, EARLY INTERVENTION AND PREVENTION, COMMUNITY LIVING
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
40	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 260,751,557.
วรรกกร	Form 990 (2012

232002 12-10-12

SEE SCHEDULE O FOR CONTINUATION(S)

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SAN DIEGO IMPERIAL COUNTIES DEVELOPMENTAL SERVICES, INC.

Form 990 (2012) DEVELOPMENTA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	-		
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		Α
o	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	X	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	Λ	X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 10		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		192	
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Гом	990	2012)

SAN DIEGO IMPERIAL COUNTIES DEVELOPMENTAL SERVICES, INC. Part IV | Checklist of Required Schedules (continued)

Form 990 (2012)

Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	21	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	X ggn	2012)
		rorm	JJU (2012)

Second Comment Seco		Check if Schedule O contains a response to any question in this Part V		0.000	
Enter the number of Forms W2G included in fine 1s. Enter of 4 rind applicable				Yes	No
be Enter the number of Forms W26 included in line 1a. Enter-o-li find applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 592			
Gambling Winnings to pixe winners? Each Either the unable of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year did the organization file all required federal employment tax returns? Filed for the calendar year, did the organization file all required federal employment tax returns? Filed for end or the calendar year, did the organization file and explanation is Schedule O Filed filed for end or 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 accounts? Filed for 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 accounts? Filed for 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 accounts? Filed for the calendar year, did the organization have an interest the same and price of foreign Bank and Financial Accounts. Filed for the calendar year, did the organization have an interest transaction at any time during the tax year? Filed for the calendar year, did the organization have an ormal year of foreign and the variety of the organization shall be organization have an ormal year year. Filed fore the calendar year, did the organization have an ormal year year. Filed for the calendar year,	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
22 Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements, fleet for the celendar year ending with or within the year covered by this restur. 23 50.4 34 If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 35 Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions) 36 Up the organization have unreaded business gross income of \$10,000 or more during the year? 38 X 39 If "Yes," has if filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 40 At any time during the celendar year, did the organization have an interest it, 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)? 40 If "Yes," enter the name of the foreign country, such as a bank account, securities account, or other financial accounts. 50 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 51 If "Yes," a least the organization like form 8886 17 52 If "Yes," to like organization have organization like Form 8886 17 53 Oes the organization related such organization like Form 8886 17 54 If "Yes," did the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible on the self-self-self-self-self-self-self-self-	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
files for the calendary year ending with or within the year covered by this return 2 50 k If all least one is reported on line 24, dit the organization file all required rederine employment tax returns? 2		(gambling) winnings to prize winners?	1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3	2a			450	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 40 At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account)? 41 At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Implication as a bank account, securities account, or other financial account)? 42 A X 43 A tary time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account; securities account, or other financial accounts. 44 X 55 Was the organization apply to a prohibited tax shelter transaction at any time during the tax year? 55 Unit 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 form 82 a charitable contributions. 56 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sclude via the every solicitation an express statement that such contributions or gifts were not tax deductible? 57 Organizations that may receive deductible contributions under section \$100,000, and did the organization oribit deduction of the value of the goods or services provided? 58 Organizations that may receive deductible contributions under section \$100,000, and did the organization oribit the dorn of the value of the goods or services provided? 59 Types of the organization noribit the dorn of the value of the goods or services provided? 50 If the organization rece		filed for the calendar year ending with or within the year covered by this return 2a 504			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b ff 'Yes, 'inter the name of the foreign country!	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, even the result of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4a X b If "Yes," enter the name of the foreign country. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Uid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Uid was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charifable contributions? 5c Uid the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions and party for goods and services provided to the payor? 5c Uid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization that may receive deductible contributions under section 170(c). 8d Uffect organization on notify the donor of the value of the goods or services provided? 7a X 7b Uffect organization on notify the donor of the value of the goods or services provided? 7b Uffect organization on notify the donor of the value of the goods or services provided? 7c X 7d If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 1088 C? 8 Sponsoring organization received as contribution of cars, b		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X x bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X x if "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c If "Yes," to line 5a or 5b, did the organization include with every solicitation and party to a prohibited tax shelter transaction? 5c If "Yes," to lift the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 5c If the organizations that many receive deductible contributions under section 170(c). 5c Did the organization notify the donor of the value of the goods or services provided? 5c Did the organization notify the donor of the value of the goods or services provided? 5c Did the organization notify the donor of the value of the goods or services provided? 5c Did the organization feeder and party for profite property for which it was required to file Form 8282? 5c Did the organization received any funds, directly or indirectly, on a personal benefit contract? 5c Z X 5d If "Yes," include the number of Forms 8282 filed during the year 5d If the organization received a contribution of undirectly, on a personal benefit contract? 5d If the organization received a contribution of undirectly, on a personal benefit contract? 7d If the or	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was 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? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for goods and services provided to the payor? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 Did the organization received any funds, directly or Indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 10986. 9 Sponsoring organizations with the very general personal personal benefit contract? 7 Did the organization received a contribution of oras, boats, aiplanese, or other vehicles, did the organization file a Form 10980 I/A organization, are distribution as a dection 509(a)(3) supporting payinations. Did the supporting M/A organ			3b		
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Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? a Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 112a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	8				
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			140		x
	D	ii res, rias it lieu a Form 720 to report triese payments? II 190, provide an explanation in Schedule O		990 (20121

Form 990 (2012) DEVELOPMENTAL SERV

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

	Check if Schedule O contains a response to any question in this Part VI				initia)		X
Sec	tion A. Governing Body and Management						
				0 4 F		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		21			
	If there are material differences in voting rights among members of the governing body, or if the governing					MAIN	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			2			
b	Enter the number of voting members included in line 1a, above, who are independent			20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	nip with	any other	- 1			
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under t						
	of officers, directors, or trustees, or key employees to a management company or other person? \dots				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			13,000	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	one or				
	more members of the governing body?			-	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	olders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the	e following:				
a	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached a	t the				
		_			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue	Code.)				
				_		Yes	No
	Did the organization have local chapters, branches, or affiliates?			L	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befor	e filing the form	?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a				****	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			177	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $$						
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?			-	13	X	
14	Did the organization have a written document retention and destruction policy?			_	14	X	
15	Did the process for determining compensation of the following persons include a review and approve		dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision						
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization			[15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a				77
	taxable entity during the year?				16a	_	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization	n's				
_	exempt status with respect to such arrangements?			111	16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►CA				_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Secti	on 501(c)(3)s on	ly) av	ailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website Upon request Other (explain						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict c	f interest policy	, and	finan	cial	
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books a	and reco	ords of the organ	nizatio	on:	_	
	LILY ESCONDE - (858)576-2996						
232006	4355 RUFFIN ROAD, #110, SAN DIEGO, CA 92123			_	_		

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Form 990 (2012) DEVELOPMENTAL SERVICES, INC. 95-3 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not o	heck ss pe	more rson	than is bot or/trus	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SHIRLEY NAKAWATASE CHAIR	2.00	х		х				0.	0.	0.
(2) LINDA SCHMALZEL	2.00		 	21					0.	0.
VICE CHAIR	2.00	Х		X				0.	0.	0.
(3) ANGELA YATES	2.00									
SECRETARY		X		X				0.	0.	0.
(4) ROBERT CONSTANTINE	2.00									
TREASURER		X		X				0.	0.	0.
(5) BETH BLAIR	2.00									
DIRECTOR		X						0.	0.	0.
(6) TERRI COLACHIS	2.00								1277	(2)
DIRECTOR		X					_	0.	0.	0.
(7) JONATHAN COPELAND	2.00									
DIRECTOR		X				Ш	_	0.	0.	0.
(8) YVONNE DORSEY	2.00									0
DIRECTOR	2.00	X					\vdash	0.	0.	0.
(9) ANN FEATHERSTONE DIRECTOR	2.00	x						0.	0.	0.
(10) MARI GUILLERMO	2.00	Λ					-	0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
(11) JOEL HENDERSON	2.00	Δ				Н	\vdash	0.	0.	0.
DIRECTOR	200	x						0.	0.	0.
(12) BILL MARA	2.00					Н				
DIRECTOR		X						0.	0.	0.
(13) KATHLEEN MCCARTHY	2.00					П				
DIRECTOR		X						0.	0.	0.
(14) NANCY PRUTZMAN	2.00									
DIRECTOR		X						0.	0.	0.
(15) JOVITA ROBLES	2.00									
DIRECTOR		X				Ш		0.	0.	0.
(16) RENE RODRIGUEZ	2.00									_
DIRECTOR		X						0.	0.	0.
(17) LORNA SWARTZ, M.D.	2.00							_		
DIRECTOR		X						0.	0.	0.

232007 12-10-12

Form 990 (2012)

(A)	(B)				C)			ompensated Employee	(E)	(F)
Name and title	Average hours per week	Position (do not check more box, unless person i officer and a directo				re than one in is both an		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) KAI WANG	2.00									
DIRECTOR		X						0.	0.	0
(19) ALEXINE WELLS DIRECTOR	2.00	X			ľ.			0.	0.	0
(20) JASON WHITTAKER DIRECTOR	2.00	X						0.	0.	0
(21) SAMAN YAGHMAEE DIRECTOR	2.00	х						0.	0.	0
(22) CARLOS FLORES CEO	40.00			x				228,493.	0.	27,166
(23) MICHAEL BELL CFO	40.00			х				91,286.	0.	7,460
(24) JOAN REESE PHYSICIAN	40.00	0				х		143,793.	0.	21,415
(25) DAN CLARK DIRECTOR OF COMMUNITY SERVICES	40.00	8				х		106,221.	0.	19,086
(26) LYNNE GREGORY DIRECTOR OF CLINICAL SERVICES	40.00					х		106,266.	0.	19,088
1b Sub-total c Total from continuation sheets to Part	VII, Section A					>		676,059. 205,105. 881,164.	0. 0. 0.	94,215, 37,716, 131,931,

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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
ARC SAN DIEGO	RESIDENTIAL	
3030 MARKET ST., SAN DIEGO, CA 92182	FACILITIES	14,743,217.
COMMUNITY INTERFACE SERVICES, 2621	INDEPENDENT LIVING	
ROOSEVELT ST., STE 102, CARLSBAD, CA 92008	SERVICES	8,151,634.
TOWARD MAXIMUM INDEPENDENCE	INDEPENDENT LIVING	
4740 MURPHY CANYON RD., SAN DIEGO, CA 92123	SERVICES	7,337,532.
ST. MADELINE SOPHIES		
2119 E. MADISON AVE., EL CAJON, CA 92019	ACTIVITY CENTER	5,697,826.
HOME OF GUIDING HANDS		
1825 GILLESPIE WAY, EL CAJON, CA 92020	DD SERVICES	5,161,955.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ▶ 338	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

Form 990 DEVELO	PMENTAL S	ER'	VI(CES	3,	II	VC.		95-373	5517	
Part VII Section A. Officers, Directors	, Trustees, Key E	mpl	oyee	es, a	nd l	ligh	est	Compensated Employ	ees (continued)		
(A) Name and title	(B) Average hours			Pos	C) ition	ê		(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the organization and related organizations	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		
27) JUDY WALLACE-PATTON DIRECTOR OF CASE MANAGEMENT	40.00	-				x		102,127.	0.	18,831	
28) CHRISTINE LUX-WHITTING	40.00	\vdash	-								
DIRECTOR OF HUMAN RESOURCES		-				X		102,978.	0.	18,885	
		-									
10											
4 44											
		_			700						
1977-1982 1982 1982 1982 1982 1982 1982 1982											
· · · · · · · · · · · · · · · · · · ·											
0,000						_3					
							\dashv				
otal to Part VII, Section A, line 1c		1						205,105.		37,716	

Form 990 (2012) DEVELOP

-		Check if Schedule O cont	airis a respons	e to any question if	(A)	(B) I	(C)	[_ (D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
र र	1 0	Federated campaigns	1a					
an			41					
ه ق		Fundraising events						
ifts ir A		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts				262,431,292.				
Sir		Government grants (contribut All other contributions, gifts, gran	,	202, 202, 202.				
le ti	1	similar amounts not included abo		- 1				
흡		Noncash contributions included in lines						
S E	_				262,431,292.			
0 00	<u> </u>	Total. Add lines 1a-1f		Business Code	, , , , , , , , , , , , , , , , , , , ,			
0	0 -	ICS SUPP. SERVICES INC	OME	900099	9,367,991.	9,367,991.		
Nice	2 a	SOFTWARE CONSULTATION		900099	345,405.	345,405.		
Ser	b			300033	,	,		
Z S	C			-				
Re	d							
Program Service Revenue	e	All other program service reve	2010					
		Total. Add lines 2a-2f			9,713,396.			
	3	Investment income (including			, , , ,			
	3	other similar amounts)			63,022.			63,022.
	4	Income from investment of ta						1
	5	Royalties						
- 1	J	noyalies	(i) Real	(ii) Personal				
- 1	6 2	Gross rents	- V	(ii) T craoriai				
		Gross rents Less: rental expenses						
	C	D 111						
- 1		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities					
	, a	assets other than inventory	(i) Geodinios	(ii) Oti ioi				
- 1	h	Less: cost or other basis						
- 1		and sales expenses						l _ in Til_lii
- 1	C	Gain or (loss)						
		Net gain or (loss)		•				
		Gross income from fundraisin						
nue	0 4	including \$		1 1				
eve		contributions reported on line		1 1				
Other Reve		Part IV, line 18		a				
the	b	Less: direct expenses		b				
0		Net income or (loss) from fund						
		Gross income from gaming ad						
		Part IV, line 19		a				
- 1	b	Less: direct expenses		b				
		Net income or (loss) from gan						
		Gross sales of inventory, less						
		and allowances		a				
	b	Less: cost of goods sold		b				
- 1		Net income or (loss) from sale		•				
		Miscellaneous Revenu		Business Code				
	11 a	POS REFUNDS		900099	53,905.			53,905.
	b	OTHER INCOME		900099	4,783.			4,783.
	C							
	d	All other revenue						
	е	Total. Add lines 11a-11d			58,688.			
	12	Total revenue. See instructions.			272,266,398.	9,713,396.	0	,
232009 12-10-	12							Form 990 (2012)

Form 990 (2012)

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 to any question in this Part IX (D) Do not include amounts reported on lines 6b. Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 229,422,420.229,422,420. the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 49,788. 354,406. 304,618. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 22,833,445. 19,589,087. 3,244,358. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 12,338,168. 10,683,000. 1,655,168. Other employee benefits 48,530. 337,372. 288,842. Payroll taxes Fees for services (non-employees): a Management 224,697. 224,697. b Legal 48,100. 48,100. Accounting e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 436,954. 436,954. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,061,166. 1,061,166. Office expenses 13 Information technology 14 15 Royalties 3,441,690. 3,441,690. 16 Occupancy 434,610. 391,149 43,461. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 13,091. 13,091. 19 Conferences, conventions, and meetings 24,375. 24,375. 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 259,409. 259,409. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 772,378. 772,378. EOUIPMENT PUBLIC EDUCATION 76,254. 72,441. 3,813. 69,598. 69,598. ARCA DUES 8,992. 8,992. STAFF TRAINING 120,022. 120,022. e All other expenses 272,277,147.260,751,557. 11,525,590. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2012)

Form 990 (2012)
Part X | Balance Sheet

I die A	Check if Schedule O contains a response to any question in this Part X		Susana	2000
	onosit i bonositi o containe a responso to any question in the rarer	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	900.	1	900
2	Savings and temporary cash investments	7,400,368.	2	7,633,657
3	Pledges and grants receivable, net		3	21,498,034
4	Accounts receivable, net		4	3,091,888
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	401,174
	Land, buildings, and equipment: cost or other			
1.00	basis. Complete Part VI of Schedule D 10a			
Ь			10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14			14	
15	Intangible assets Other assets. See Part IV, line 11	16,441,255.	15	20,790,518
16	Total assets. Add lines 1 through 15 (must equal line 34)	41,885,289.	16	53,416,171
17	Accounts payable and accrued expenses	23,911,163.	17	26,046,554
18			18	
19	Grants payable		19	
20	Deferred revenue		20	
	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	3,043,586.	21	2,002,851
21 22	Loans and other payables to current and former officers, directors, trustees,	5/015/5000	-	
5 1 2	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		24	
23	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		58,321,018.	25	50,580,041
26	Schedule D Total liabilities. Add lines 17 through 25	85,275,767.		78,629,446
20	Organizations that follow SFAS 117 (ASC 958), check here	03/2/0//0/	20	,0,025,220
(0	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Unrestricted net assets	-43,390,478.	27	-25,213,275
28	Temporarily restricted net assets	20/050/2:01	28	
29			29	
2 2	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		20	
<u> </u>	and complete lines 30 through 34.			
2 20			30	
30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	-	31	
31	Retained earnings, endowment, accumulated income, or other funds		32	
32		-43,390,478.	33	-25,213,275
33	Total net assets or fund balances Total liabilities and net assets/fund balances	41,885,289.	34	53,416,171
34	Total liabilities alto tiet assets/fullo baldifices	1 22,000,2000		Form 990 (2012

Form 990 (2012)

Pa	rt XI Reconciliation of Net Assets					X
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,26		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2.72	2,27		
3	Revenue less expenses. Subtract line 2 from line 1	3				49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-43	,39	0,4	78.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	18	,18	7,9	52.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	-25	,21	3,2	75.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII		******			Щ.
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	_		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	d on a				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both: Separate basis Separate basis Separate basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit				1 18
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	
				Form	990	(2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SAN DIEGO IMPERIAL COUNTIES DEVELOPMENTAL SERVICES, INC.

Employer identification number 95-3735517

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated c ____ Type III - Functionally integrated b ___ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of monetary organization in col. (i) organized in the U.S.? in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) of your support? governing document? above or IRC section (see instructions)) Yes No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Schedule A (Form 990 or 990-EZ) 2012 DEVELOPMENTAL SERVICES, INC.

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	260,147,019.	242,363,956.	250,154,521.	255,046,497.	262,431,292.	1270143285.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		1		,,	1	
	the organization without charge						
4	Total. Add lines 1 through 3	260,147,019.	242,363,956.	250,154,521.	255,046,497.	262,431,292.	1270143285.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		15				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						1270143285.
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	260,147,019.	242,363,956.	250,154,521.	255,046,497.	262,431,292.	1270143285.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	See a necessary					
	and income from similar sources	186,736.	275,276.	203,254.	112,430.	63,022.	840,718.
9	Net income from unrelated business						
	activities, whether or not the					2	
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	4- 4	1- 666	44 006	242 242		E06 604
	assets (Explain in Part IV.)	17,453.	45,666.	41,896.	342,918.	58,688.	
11	Total support. Add lines 7 through 10					11	1271490624.
	Gross receipts from related activities,		,				,054,874.
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publ	here ic Support Pe	rcentage	······			
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.89 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	99.81 %
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2011. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ation		***************************************	
17a	10% -facts-and-circumstances test	t - 2012. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop h	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	publicly supported	organization		▶∟
b	10% -facts-and-circumstances test	t - 2011. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	ınization	
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
					Sche	dule A (Form 990	or 990-EZ) 2012

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received. (Do not						
	include any "unusual grants.")				İ		
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					1	
	are not an unrelated trade or bus-						
	iness under section 513						
4							
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to		M .				
	the organization without charge						
6	Total. Add lines 1 through 5	-					
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that				[b]		
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b					British Company	_
	Public support (Subtract line 7c from line 6.)						
			41,000	4) 2040	T 4 8 0044	1 1 1 1 1 1 1 1	T
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6		-		-		
108	Gross income from interest, dividends, payments received on		1				
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,					1	
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						>
Sec	ction C. Computation of Public	c Support Pe	rcentage				
15	Public support percentage for 2012 (lin	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2011					16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage		-31 866 (336-		
17	Investment income percentage for 201	2 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2	011 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2012. If the					33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2011. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	nization qualifies	as a publicly supp	oorted organization	
20	Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶ □
					0-	A /F 00	0 000 FZ) 0040

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number

SAN DIEGO IMPERIAL COUNTIES DEVELOPMENTAL SERVICES, INC. 95-3735517 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

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

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

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SAN DIEGO IMPERIAL COUNTIES DEVELOPMENTAL SERVICES, INC. Employer identification number

95-3735517

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\frac{260,177,814.}{-}	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

223452 12-21-12

Name of organization
SAN DIEGO IMPERIAL COUNTIES
DEVELOPMENTAL SERVICES, INC.

Employer identification number

95-3735517

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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Employer identification number

SAN	DI	EGO	IMP	ERIAL	COUNT	IES	
TVE	T.O	DMEN	דב דו	CERVIT	CEC	TNC.	

PMENTAL SERVICES, INC. Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.	vidual contributions to section 501(he following line entry. For organizati c., contributions of \$1,000 or less fo	95-3735517 (c)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter or the year. (Enter this information once.)
Use duplicate copies of Part III if addition	al space is needed.	Tania and manager order)
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of git	ft Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of git	ft
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, an		Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	t
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
	Exclusively religious, charitable, etc., indivear. Complete columns (a) through (e) and it the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	Exclusively religious, charitable, etc., individual contributions to section by year. O complete columns (a) through (e) and the following line entry. For organization the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (e) Transfer of gift (b) Purpose of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (b) Purpose of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Use of gift (e) Transfer of gift

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

SAN DIEGO IMPERIAL COUNTIES DEVELOPMENTAL SERVICES, INC.

Employer identification number 95-3735517

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or		
Par			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed		rically important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		rganization during the tax
	year▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, as	nd enforcing conservation easements duri	ng the year >
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during th	e 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	n easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the	e organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 99	The state of the s	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statemen	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	pition, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement as	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	446666	> \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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

Part IV	Pa	rt III Organizations Maintaining (Collections of A	rt, Historical T	reasures, or Oth	ner Simil	lar Asse	ts(continu	ed)	_
a	3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	e following that are a	significant	use of its	collection	items	
b Scholarly research c 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? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Grants or scholarships 6 Contributions 1 Administrative expenses 9 End of year balance 1 Administrative expenses 9 End of year balance 1 Administrative expenses 9 End of year balance 1 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 9 % 1 Permanent endowment 9 % 1		(check all that apply):		_						
c	а	Public exhibition	d	Loan or exc	change programs					
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? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10. 1a Beginning of year balance b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Contributions C Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Pervice the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Py6 b Permanent endowment Py6 c Temporarily restricted endowment Py6 b Permanent endowment Funds not in the possession of the organization that are held and administered for the organization by: Yes N (i) unrelated organizations	b	Scholarly research	е	Other						_
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?	С	Preservation for future generations		-						
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?	4	Provide a description of the organization's of	ollections and explai	n how they further	the organization's ex	empt purp	ose in Par	t XIII.		
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on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1e Indid 1f Ending balance 2 If It Hes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Fart V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Grants or scholarships c Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g 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 year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year end balance (line 1g, column (a)) held as: a Board designat		reported an amount on Form 990, Pa	ırt X, line 21.							
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a Board designated or quasi-endowment ▶			rent year end balanc	e (line 1a, column ((a)) held as:					_
b Permanent endowment ▶					(4)					
Temporarily restricted endowment ▶				_^~						
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(i) unrelated organizations 3a(i)	Ou		Joolon of the organiza	and that are there		9		Y	es No	,
V										_
									\neg	_
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	h								$\overline{}$	_
Describe in Part XIII the intended uses of the organization's endowment funds.	4							02 1		_
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.	Pa									_
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value					t or other	Accumulate	ed	(d) Book	/alue	
basis (investment) basis (other) depreciation		Description of property						(4) 50011		
	10	Land								$\overline{}$
1a Land				77		-				_
b Buildings										
c Leasehold improvements	Ç		5W W	- 						_
d Equipment	d		1931							-
e Other	_	. — — — — — — — — — — — — — — — — — — —		X. column (B) line	10(c).)		•		0	

Part VII Investments - Other Securities. See				J.JJJ. Tage
(a) Description of security or category (including name of security)	(b) Book value		ation: 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)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. See				
(a) Description of investment type	(b) Book value	(c) Method of valua	tion: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 15				
	escription			(b) Book value
(1) DUE FROM STATE - ACCRUED L	EAVE/RETIR	EMENT		20,790,518.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				20,790,518.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. See Form 990, Part X, line				20,790,310.
	9 25.	(b) Book value		
		(b) book value		
(1) Federal income taxes (2) ACCRUED RETIREMENT PLAN BE	NEETMC	44,580,041.		
	MELIID	6,000,000.		
		0,000,000		
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.)	50,580,041.		
	/			

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

	t XI Reconciliation of Revenue per Audited Financial Stateme	ents W	/ith Revenue per F	?etu	rn		
1	Total revenue, gains, and other support per audited financial statements			1	290	,454	,350.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	200000000					
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)		18,187,952.				
е	Add lines 2a through 2d			2e			,952.
3	Subtract line 2e from line 1			3	272	,266	,398.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
C	Add lines 4a and 4b			4c			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		,266	,398.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents \	With Expenses per	Ret			
1	Total expenses and losses per audited financial statements		HILLIAN AND AND AND AND AND AND AND AND AND A	1	272	,277	,147.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d			2e			0.
3	Subtract line 2e from line 1			3	272	,277	,147.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
C	Add lines 4a and 4b		· · · · · · · · · · · · · · · · · · ·	4c			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		STREET, STREET	5	272	,277	,147.
Pa	t XIII Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines	1a and 4; Part IV, lines 1	b and	12b; Pa	rt V, line	4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to RT IV, LINE 2B: THE REGIONAL CENTER FUNCTI				OR T	HE	
	CEIPT OF CERTAIN GOVERNMENTAL PAYMENTS AND						ADE
	BEHALF OF A PORTION OF REGIONAL CENTER CL						

ON BEHALF OF A PORTION OF REGIONAL CENTER CLIENTS. A LARGE MAJORITY OF THE CLIENT SUPPORT RECEIVED COMES FROM SOCIAL SECURITY. THE FUNDS ARE DISBURSED FOR RESIDENTIAL CARE AND OTHER EXPENSES RELATED TO THE CARE OF THE SPECIFIC CLIENTS OF THE REGIONAL CENTER.

PART X, LINE 2: THE ORGANIZATION RECOGNIZES THE FINANCIAL STATEMENT

Part XIII Supplemental Information (continued)
BENEFIT OF TAX POSITIONS, SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY
AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN
NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE ORGANIZATION IS SUBJECT
TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING
JURISDICTION IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL
AND CALIFORNIA STATE PURPOSES IS GENERALLY THREE AND FOUR YEARS,
RESPECTIVELY.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION
COST 18,187,952.

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Department of the Treasury Internal Revenue Service

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

2012 2012 Open to Public

Inspection

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

Attach to Form 990.

° N Employer identification number 95-3735517 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant (c) IRC section if applicable INC SAN DIEGO IMPERIAL COUNTIES DEVELOPMENTAL SERVICES, General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part Part II

232101

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

SAN DIEGO IMPERIAL COUNTIES

INC DEVELOPMENTAL SERVICES,

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule | (Form 990) (2012)

Page 2

95-3735517

(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 non-cash assistance
RESIDENTIAL CARE	22	64 720 643	C		
DAY CARE AND TRAINING	22000	88,674,572.	0		
MEDICAL PROGRAMS	22000	2,804,258.	0		
CAMPS AND RESPITE SERVICES	22000	19,481,172.	0		
INDEPENDENT LIVING COSTS	22000	17,232,755.	0		
olemental Information. Complete this part of the part	ide the informatio	n required in Part I,	line 2, Part III, colum	in (b), and any other additional inf	ormation.
STATE OF CALIFORNIA WHO HAVE DEVELOPMEN	NTAL	DISABILI	THE	TS OF THE ENTITY KEEPS	
CONFIDENTIAL FILES ON EACH OF ITS	CLIENTS.	THE ORGAN	ORGANIZATION IS	AUDITED BY	
THE STATE OF CALIFORNIA'S DEPARTMENT	OF	DEVELOPMENTAL	L SERVICES	AND ALSO	
REVIEWED BY FEDERAL STAFF FROM CMS	TO I	ENSURE COMPLIANCE.	NCE.		

THE ORGANIZATION ESTIMATED THE NUMBER OF RECIPIENTS BASED OFF THE TOTAL

NUMBER ASSISTED BY THE ORGANIZATION THROUGHOUT THE YEAR. THE SERVICES

OFFERED BY THE REGIONAL CENTER VARY BASED ON THE INDIVIDUAL NEEDS OF 232102 12-18-12

SAN DIEGO IMPERIAL COUNTIES DEVELOPMENTAL SERVICES, INC.

Schedule I (Form 990) DEVELOPMENTAL SERVICES, INC.

Part III | Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

95-3735517

Page 2 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 0 0 0 18,822,525. 14,314,839. 3,371,656. (c) Amount of cash grant (b) Number of recipients 22,000. 22,000. 22,000, (a) Type of grant or assistance OTHER PURCHASED SERVICES TRANSPORTATION SERVICES PREVENTION SERVICES

232242 05-01-12

SAN DIEGO IMPERIAL COUNTIES DEVELOPMENTAL SERVICES, INC.

Schedule I (Form 9	990) I plemental Inform	DEVELOPMENTAL	SERVICES,	INC.	95-3735517 Page 2
Part IV Sup	plemental Infor	mation			
EACH CONST	UMER.				
					1
					0.1.1.1.1/5 000

232291 05-01-12

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23. OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

SAN DIEGO IMPERIAL COUNTIES

DEVELOPMENTAL SERVICES, INC.

Employer identification number 95-3735517

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
a	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			-
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

SAN DIEGO IMPERIAL COUNTIES

INC. DEVELOPMENTAL SERVICES,

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 95-3735517 Schedule J (Form 990) 2012

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

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemics	(O)-(I)(B)	reported as deferred in prior Form 990
(1) CARLOS FLORES	8	228,493.	0	0	14,166.	13,000.	255,659.	0
CEO		0	0	0		0		
(2) JOAN REESE	ε	143,79	0	0	8,915.	12,500.	165,20	0
PHYSICIAN	(II)	0.	0	0	0	0.		
	(E)							
	(1)							
	(E)							
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232112				7			Sched	Schedule J (Form 990) 2012

31

SAN DIEGO IMPERIAL COUNTIES

DEVELOPMENTAL SERVICES, INC. Schedule J (Form 990) 2012

Part III Supplemental Information

95-3735517

Page 3

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

SCHEDULE L

(Form 990 or 990-EZ)

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. ➤ See separate instructions.

OMB No. 1545-0047

Inspection

SAN DIEGO IMPERIAL COUNTIES Name of the organization

DEVELOPMENTAL SERVICES, INC.

Employer identification number 95-3735517

1	e organization ans	Relationship bet			lified					(d)	Corre	cted'
(a) Name of disqualifie	d person	person and o			(c) Description of tra	ansactio	on		Ye		No
		person and o	n gar nza	ation					-	1	-	140
										_	\rightarrow	
						=120				-	-	
2 Enter the amount of ta	y incurred by the c	ragnization mar	nagers	or disc	rualified persons du	ring the year under	,				_	
								S				
3 Enter the amount of ta	ex if any on line 2	above reimburg	sed by	the or	ganization			\$				
- Lines the amount of te	or, ir diriy, orr iii 70 2,	above, remneen	,		J							
Part II Loans to a	nd/or From Int	erested Per	sons		-							
Complete if th	e organization ansv	wered "Yes" on	Form 9	990-EZ	, Part V, line 38a or F	orm 990, Part IV,	ine 26;	or if th	ne orga	nizatio	on	
reported an ar	mount on Form 990					Yes \$ at of (d) Type of		M \ Ann	vou o di			
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	from	an to or the zation?	(e) Original principal amount) In ault?	(h) App by boa comm	rd or	agreement?	
			То	From			Yes	No	Yes	No	Yes	No
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otal				11111111111	> \$							
	Assistance Ber	nefiting Inte	reste	d Per								
Complete if th	e organization ansv	wered "Yes" on	Form 9	990, Pa	art IV, line 27.			255				
(a) Name of intereste	d person	(b) Relationship			(c) Amount of					Purpose of		1
		interested per the organiz	son an	d	assistance	assista	nce		d	assistance		
		- To Organiz	4.1011					\rightarrow				
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			1555					-				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

	SAIN	DIEGO	THE.	GUTUT	COOMI	TED
Schedule L (Form 990 or 990-EZ) 2012	DEVE	ELOPMEN	TAL	SERVI	CES,	INC

Complete if the organization answere (a) Name of interested person	(b) Relationship be	ween interested	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
					Yes	No
TERI, INC.	WILLIAM MA	RA IS THE	4,897,000.	TERI INC. P		X
Part V Supplemental Information			L	4-1-100 (NO)		
Complete this part to provide addition						
SCH L, PART IV, BUSINESS	TRANSACTION	S INVOLVI	NG INTEREST	ED PERSONS:		-
(A) NAME OF PERSON: TERI,	INC.					
(B) RELATIONSHIP BETWEEN	INTERESTED	PERSON AN	D ORGANIZAT	ION:		
WILLIAM MARA IS THE COO O	F TERI, INC	•				
(C) AMOUNT OF TRANSACTION	\$ 4,897,00	0.				
(D) DESCRIPTION OF TRANSA	CTION: TERI	INC. PRO	VIDES AUTIS	M AND DISAB	ILIT	Y
SERVICES, LIFE PLANNING,	RESIDENTIAL	GROUP HO	MES, AND OT	THER SERVICE	S TO	
CLIENTS OF THE REGIONAL C	ENTER THROU	GH TERI,	INC.			
(E) SHARING OF ORGANIZATI	ON REVENUES	? = NO				
8.7	71.5					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

SAN DIEGO IMPERIAL COUNTIES DEVELOPMENTAL SERVICES, INC.

Employer identification number 95-3735517

DHVIIIQI IIDIQI	All blitticib, inc.
FORM 990, PART I, LINE 1, D	ESCRIPTION OF ORGANIZATION MISSION:
GOALS.	
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.	
RESIDENTIAL CARE	64,720,643
DAY CARE AND TRAINING	88,674,572
MEDICAL PROGRAMS	2,804,258
CAMPS AND RESPITE SERVICES	19,481,172
INDEPENDENT LIVING COSTS	17,232,755
TRANSPORTATION SERVICES	14,314,839
PREVENTION SERVICES	3,371,656
OTHER PURCHASED SERVICES	18,822,525
ASSISTANCE TO INDIVIDUALS	229,422,420
THE ENTITY SERVED OVER 22,0	00 CLIENTS IN THE FISCAL YEAR ENDING JUNE
FORM 990, PART VI, SECTION 1	B, LINE 11: THE FORM 990 IS REVIEWED IN DETAIL
BY REPRESENTATIVES OF THE O	RGANIZATION FAMILIAR WITH THE FORM 990 AND THE
INFORMATION CONTAINED THERE	IN. AFTER ANY CHANGES ARE MADE ON THE RETURN,
LHA For Paperwork Reduction Act Notice, see the	

232211 01-04-13

Employer identification number 95-3735517

FINAL DRAFT OF THE FORM 990 IS THEN FORWARDED TO THE ENTIRE BOARD OF DIRECTORS AFTER IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS SIGNED BY ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES ON AN ANNUAL BASIS.

UPON IDENTIFICATION OF ANY CONFLICTS, THE BOARD WILL MAKE A DECISION ON HOW TO PROCEED IN THE BEST INTEREST OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS DETERMINED BY HUMAN RESOURCES THROUGH COMPENSATION SURVEYS (APPROVED AGENCY SALARY SCHEDULE RANGE) AND WRITTEN EMPLOYMENT CONTRACTS. THE BOARD OF DIRECTORS MUST APPROVE ALL DECISIONS RELATED TO COMPENSATION. ANNUALLY, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS PREPARES THE EXECUTIVE DIRECTOR'S PERFORMANCE EVALUATION AND RECOMMENDS ANY CHANGE IN COMPENSATION FOR THE FULL BOARD TO APPROVE.

FORM 990, PART VI, SECTION C, LINE 19: THE FORM 1023, FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST WITH THE ORGANIZATION.

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

PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION

COST 18,187,952.

FORM 990, PART 1, LINE 16B

FUNDRAISING EXPENSES

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

CALIFORNIA. THE REGIONAL CENTER CONTRACTS WITH THE DEPARTMENT OF

232212 01-04-13

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

DEVELOPMENTAL SERVICES TO PROVIDE OR COORDINATE SERVICES AND SUPPORTS

FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. THERE IS A SMALL

AMOUNT OF MONEY SPENT BY THE ORGANIZATION FOR FUNDRAISING FROM PRIVATE

DONORS ONLY. DURING FYE 2013, THE ENTITY RECEIVED NO DONATIONS FROM

PRIVATE DONORS.

FORM 990, PART VI, LINE 1

BOARD OF DIRECTORS

PURSUANT TO THE LANTERMAN ACT OF THE STATE OF CALIFORNIA, THE CENTER IS

REQUIRED TO APPOINT PERSONS WITH DISABILITIES (CLIENTS WHO RECEIVE

SERVICES) OR THEIR PARENTS OR LEGAL GUARDIANS TO THE BOARD OF

DIRECTORS. THE LANTERMAN ACT ALSO REQUIRES ONE BOARD MEMBER TO BE A

CLIENT SERVICE PROVIDER. TO COMPLY WITH THIS STATE LAW, THE CENTER'S

BOARD OF DIRECTORS INCLUDES SIX CLIENTS, TEN PARENTS/LEGAL GUARDIANS OF

CLIENTS, AND ONE SERVICE PROVIDER AS OF JUNE 30, 2013.

FORM 990, PART X, LINE 10

FIXED ASSETS

PURSUANT TO THE TERMS OF THE CONTRACT WITH THE DDS, EQUIPMENT PURCHASES

BECOME THE PROPERTY OF DDS AND, ACCORDINGLY, ARE CHARGED AS EXPENSES

WHEN INCURRED. PROPERTY AND EQUIPMENT PERTAINING TO THE FOUNDATION AND

CORPORATE FUNDS ARE STATED AT COST AND DEPRECIATED USING THE

STRAIGHT-LINE METHOD OVER THEIR ESTIMATED USEFUL LIVES.

FORM 990, PART VIII, LINE 2A

SOFTWARE CONSULTATION INCOME

SOFTWARE CONSULTATION INCOME IS INCOME RECEIVED BY THE SAN DIEGO

IMPERIAL COUNTIES DEVELOPMENTAL SERVICES INC FROM ALL THE REGIONAL

232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012)

Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

2012 Open to Public

OMB No. 1545-0047

Employer identification number 95-3735517 Inspection

> INC. SAN DIEGO IMPERIAL COUNTIES DEVELOPMENTAL SERVICES, Name of the organization Part

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

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets (e) Total income (p) Legal domicile (state or foreign country) 0 Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) S × entity? Yes Direct controlling REGIONAL CENTER entity SAN DIEGO status (if section Public charity 501(c)(3)) INE 11C, III-FI Exempt Code section 501(C)(3) 9 Legal domicile (state or foreign country) (0) ALIFORNIA SUPPORT SAN DIEGO REGIONAL Primary activity (Q) CENTER FOUNDATION - 33-0209048, 4355 RUFFIN ROAD, SAN DIEGO IMPERIAL COUNTIES DEV. SVC. Name, address, and EIN of related organization SAN DIEGO, CA 92123 1110,

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

232161 12-10-12 LHA

INC. SAN DIEGO IMPERIAL COUNTIES DEVELOPMENTAL SERVICES,

95-3735517

Page 2

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2012

Tax trus
related organization (state of country) (state of c
izations Taxab
of related organization of related organization of Released organizations treated (a)

(a)	(q)	(c)	(p)	(e)		(a)	(h)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	(3) ed
		country)		6000		2000		Yes No	No
									I
								T	I
								T	
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SAN DIEGO IMPERIAL COUNTIES Schedule R (Form 990) 2012 DEVELOPMENTAL SERVICES, INC.

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	N _o
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	tions with one or more re	elated organizations listed	I in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	ıfty	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		12		×
b Gift, grant, or capital contribution to related organization(s)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4	Г	×
c Gift, grant, or capital contribution from related organization(s)				2		×
				10	T	×
e Loans or loan guarantees by related organization(s)		中央市场 中央 电子电子 医电子电子 电电子电话 医电子电话 医电子性 医乳蛋白蛋白蛋白蛋白蛋白蛋白蛋白蛋白蛋白蛋白蛋白蛋白蛋白蛋白蛋白蛋白蛋白蛋白蛋白	化电子 医电子 医生物 医喉中枢 中国 医牙髓 医皮肤	4	T	×
	安全 化分类 医骨骨 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基			2		
f Dividends from related organization(s)				+		×
g Sale of assets to related organization(s)	哲学 电相相 经债金 医斯勒氏虫虫 医多种虫虫 医甲状腺素素 医皮肤皮肤 医皮肤皮肤 医皮肤皮肤 医皮肤皮肤 医皮肤皮肤 医皮肤皮肤 医皮肤皮肤 医皮肤皮肤 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	电电离 医骨折 医自免 医电压 医电压性 医慢性溃疡 医性性免疫性征 网络医鸡种医鸡属医草属医鸡属		-	T	×
h Purchase of assets from related organization(s)		的过去分词 医中枢 医电子 医水杨素 医水杨素 医水杨素 医水杨素 医水杨素 医皮肤		÷		×
	② 20 · · · · · · · · · · · · · · · · · ·	使命 医食性中枢 电电电压 医乳质蛋白 医食物 医皮质性 医性性 医慢性性 医慢性性 医乳球虫属 医乳球虫属		Ŧ	T	×
j Lease of facilities, equipment, or other assets to related organization(s)				=	T	×
k Lease of facilities, equipment, or other assets from related organization(s)				-	×	
	organization(s)			₹		×
m Performance of services or membership or fundraising solicitations by related organization(s)	organization(s)			Ę.	T	1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	zation(s)			5	×	
Sharing of paid employees with related organization(s)	(2)				×	
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			2	4	
p Reimbursement paid to related organization(s) for expenses				4		×
q Reimbursement paid by related organization(s) for expenses				10		×
r Other transfer of cash or property to related organization(s)				÷		×
s Other transfer of cash or property from related organization(s)				50		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	on who must complete t	nis line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
SAN DIEGO IMPERIAL COUNTIES DEV. SVC.	м	1,806,606.CASH	CASH			
(2)						
(3)						
(4)						
(5)						
(9)						
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SAN DIEGO IMPERIAL COUNTIES

DEVELOPMENTAL SERVICES, INC. Schedule R (Form 990) 2012 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income part (related, unrelated, 50 excluded from tax under section 512-514) ye	parthers sec 501(c)(3) orgs.?	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No	General or managing partner?	Percentage ownership
							1174			
				00011						
				·						
								8		
									+	