

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VISTA DEL MAR CHILD AND FAMILY SERVICES	D Employer identification number 95-1647832
	Please use IRS label or print or type See Specific Instructions Number and street (or P O box if mail is not delivered to street address) Room/suite 3200 MOTOR AVE	E Telephone number 310-836-1223
	City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90034	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)

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

I Group Exemption Number **N/A**

G Website: **WWW.VISTADELMAR.ORG**

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

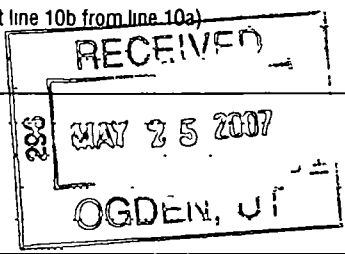
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **45,217,291.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	7,388,642.		
	b Indirect public support	1b	107,298.		
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 7,471,247. noncash \$ 24,693.)			1d	7,495,940.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	30,460,775.
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	524,786.
	5 Dividends and interest from securities			5	315,239.
	6 a Gross rents SEE STATEMENT 1	6a	13,800.		
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c	13,800.
7 Other investment income (describe GAS/OIL ROYALTIES)			7	101.	
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	5,431,070.	8a			
	442,397.	8b			
	4,988,673.	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 2			8d	4,988,673.	
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 1,271,218. of contributions reported on line 1a)	9a	924,246.			
b Less direct expenses other than fundraising expenses	9b	924,246.			
c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	0.	
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11 Other revenue (from Part VII, line 103)			11	51,334.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	43,850,648.	
Expenses	13 Program services (from line 44, column (B))			13	31,519,833.
	14 Management and general (from line 44, column (C))			14	2,976,030.
	15 Fundraising (from line 44, column (D))			15	1,162,071.
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 16 and 44, column (A))			17	35,657,934.
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	8,192,714.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	64,736,009.	
20 Other changes in net assets or fund balances (attach explanation)			20	<3,149,602.>	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	69,779,121.	



SCANNED JUL 02 2007

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 56,869 . noncash \$ 0 . If this amount includes foreign grants, check here <input type="checkbox"/>)			STATEMENT 7	
	22 56,869 .	56,869 .		
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. * *	25 719,391 .	650,911 .	53,490 .	14,990 .
26 Other salaries and wages	26 18,246,499 .	16,618,890 .	1,234,357 .	393,252 .
27 Pension plan contributions	27 1,717,067 .	1,478,921 .	211,298 .	26,848 .
28 Other employee benefits	28 2,577,038 .	2,219,619 .	317,124 .	40,295 .
29 Payroll taxes	29 1,385,582 .	1,193,411 .	170,506 .	21,665 .
30 Professional fundraising fees	30 51,429 .			51,429 .
31 Accounting fees	31 42,500 .		42,500 .	
32 Legal fees	32 158,059 .		158,059 .	
33 Supplies	33 511,313 .	418,740 .	52,739 .	39,834 .
34 Telephone	34 173,698 .	76,333 .	81,574 .	15,791 .
35 Postage and shipping	35 84,303 .	37,047 .	39,592 .	7,664 .
36 Occupancy	36 1,240,239 .	1,145,744 .	80,944 .	13,551 .
37 Equipment rental and maintenance	37 217,839 .	178,399 .	22,469 .	16,971 .
38 Printing and publications	38 238,919 .	44,669 .	19,303 .	174,947 .
39 Travel	39 969,143 .	961,308 .	6,635 .	1,200 .
40 Conferences, conventions, and meetings	40 145,310 .	103,043 .	10,598 .	31,669 .
41 Interest	41 46,097 .	30,869 .	14,286 .	942 .
42 Depreciation, depletion, etc. (attach schedule)	42 506,145 .	427,292 .	78,853 .	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 5	43g 6,570,494 .	5,877,768 .	381,703 .	311,023 .
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 35,657,934 .	31,519,833 .	2,976,030 .	1,162,071 .

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A , (ii) the amount allocated to Program services \$ N/A ,

(iii) the amount allocated to Management and general \$ N/A , and (iv) the amount allocated to Fundraising \$ N/A

* * SEE STATEMENT 6

Part III Statement of Program Service Accomplishments (See the instructions)

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

What is the organization's primary exempt purpose? ▶ TO PROVIDE VARIOUS SERVICES FOR AT-RISK AND ABUSED CHILDREN.	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT A 	
(Grants and allocations \$ 56,869.) If this amount includes foreign grants, check here <input type="checkbox"/>	31,519,833.
b 	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c 	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d 	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	31,519,833.

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	1,586,963.	45	287,947.
	46	Savings and temporary cash investments	1,442,339.	46	1,094,990.
	47 a	Accounts receivable	47a 9,205,669.		
	b	Less: allowance for doubtful accounts	47b 174,815.	47c	9,030,854.
	48 a	Pledges receivable	48a 1,375,570.		
	b	Less: allowance for doubtful accounts	48b 115,769.	48c	1,259,801.
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable	51a		
	b	Less: allowance for doubtful accounts	51b	51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	1,342,773.	53	1,187,096.
	54	Investments - securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	38,919,059.	54	45,473,773.
	55 a	Investments - land, buildings, and equipment: basis	55a 7,125.		
	b	Less: accumulated depreciation	55b 6,525.	55c	7,125.
56	Investments - other		56		
57 a	Land, buildings, and equipment: basis	57a 19,755,033.			
b	Less: accumulated depreciation STMT 9	57b 9,382,283.	57c	10,372,750.	
58	Other assets (describe ▶ SPLIT INTEREST AGREEMENTS)	6,097,300.	58	7,058,870.	
59	Total assets (must equal line 74). Add lines 45 through 58	69,983,130.	59	75,773,206.	
Liabilities	60	Accounts payable and accrued expenses	714,193.	60	1,194,701.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe ▶ SEE STATEMENT 10)	4,532,928.	65	4,799,384.
66	Total liabilities. Add lines 60 through 65)	5,247,121.	66	5,994,085.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	55,197,075.	67	59,405,332.
	68	Temporarily restricted	7,536,860.	68	7,571,715.
	69	Permanently restricted	2,002,074.	69	2,802,074.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	64,736,009.	73	69,779,121.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	69,983,130.	74	75,773,206.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	283,381.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>CA</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	583
91 a	The books are in care of <u>L. MICHELLE MCDONALD, CFO</u> Telephone no <u>310-836-1223</u> Located at <u>3200 MOTOR AVE, LOS ANGELES, CA</u> ZIP + 4 <u>90034</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CLIENT SERVICE FEES					1,998,483.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					28,462,292.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	524,786.	
96 Dividends and interest from securities			14	315,239.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	13,800.	
98 Net rental income or (loss) from personal property					
99 Other investment income			15	101.	
100 Gain or (loss) from sales of assets other than inventory			18	4,988,673.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	8,266.	
b WORKERS' COMP ADJUSTMENT			01	24,076.	
c THRIFT SHOP INCOME			05	18,992.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		5,893,933.	30,460,775.
105 Total (add line 104, columns (B), (D), and (E))					36,354,708.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	ALL PROGRAM FEES ARE RECEIVED AS A RESULT OF SERVICES PERFORMED IN THE PROCESS OF CARRYING OUT THE ORGANIZATION'S PRIMARY TAX EXEMPT PURPOSES AS STATED IN STATEMENT A.

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

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

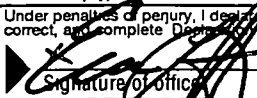
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)


(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Signature of officer:  Date: 4/5/07 Type or print name and title: ELINA LEYFERMAN, PRES/CEO

Paid Preparer's Use Only: Preparer's signature:  Date: MAY 14 2007 Check if self-employed: Preparer's SSN or PTIN: Firm's name (or yours if self-employed), address, and ZIP + 4: GREEN HASSON & JANKS LLP, 10990 WILSHIRE BLVD., 16TH FLOOR, LOS ANGELES, CA 90024-3929. EIN: Phone no: (310) 873-1600

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization: **VISTA DEL MAR CHILD AND FAMILY SERVICES** Employer identification number: **95 1647832**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GIA CRECILIOUS 3200 MOTOR AV, LOS ANGELES, CA 90034	PSYCHIATRIST 37.50	147,195.	18,429.	0.
SUSAN SCHMIDT-LACKNER 3200 MOTOR AV, LOS ANGELES, CA 90034	MED DIRECTOR 37.50	130,220.	18,689.	0.
JEFFREY CATANIA 3200 MOTOR AV, LOS ANGELES, CA 90034	VP-DEVELOPMENT 37.50	127,620.	19,795.	0.
DONNA BAKER 3200 MOTOR AV, LOS ANGELES, CA 90034	DIR OF EDUC. 37.50	108,207.	16,342.	0.
NANCY TALLERINO 3200 MOTOR AV, LOS ANGELES, CA 90034	VP-OUTPATIENT 37.50	105,727.	16,452.	0.
Total number of other employees paid over \$50,000	▶ 87			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BRENDA RAPPAPORT 1317 OZONE AVE., SANTA MONICA, CA 90405	CLINICAL SOCIAL WORKER	78,400.
MAHAN & NASH PUBLIC RELATIONS 4640 ADMIRALTY WY #406, MARINA DEL REY, CA 90292	PUBLIC RELATIONS	78,180.
CINDY KENT LEDERER 352 11TH STREET, SANTA MONICA, CA 90402	CLINICAL SOCIAL WORKER	74,862.
KATIA D'AMICO 3956 WESTLAND AVE., LOS ANGELES, CA 90066	CLINICAL SOCIAL WORKER	55,385.
Total number of others receiving over \$50,000 for professional services	▶ 0	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
VICTOR CORONA 4101 MARCASEL AVE., LOS ANGELES, CA 90066	GENERAL CONTRACTOR	166,820.
CARLOS MARTINEZ 13277 WINGO ST., ARLETA, CA 91331	GARDENER-LABORER	83,245.
JOSE B. CHAVEZ P.O. BOX 18671, ENCINO, CA 91416-8671	ELECTRICIAN	69,530.
ANATOLY FURER 635 N. ALTA VISTA AVE., LOS ANGELES, CA 90036	DAY CARE PROVIDER	52,978.
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
e Transfer of any part of its income or assets?	2e		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X	
b Do you have a section 403(b) annuity plan for your employees?	3b	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)		Yes	No
The organization is not a private foundation because it is (Please check only ONE applicable box)			
5 <input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)			
6 <input type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V)			
7 <input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8 <input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9 <input type="checkbox"/> A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____			
10 <input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A)			
11a <input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)			
11b <input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)			
12 <input type="checkbox"/> An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A)			
13 <input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ▶ <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3			
Provide the following information about the supported organizations (See page 6 of the instructions)			
(a) Name(s) of supported organization(s)		(b) Line number from above	
14 <input type="checkbox"/> An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions)			

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

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	5,405,081.	4,775,736.	19,005,728.	19,236,733.	48,423,278.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	29,100,548.	26,761,332.	12,431,548.	8,834,539.	77,127,967.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,241,555.	1,127,033.	1,253,309.	1,567,948.	5,189,845.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	628,186.	322,014.	SEE STATEMENT 15 178,009.	275,363.	1,403,572.
23 Total of lines 15 through 22	36,375,370.	32,986,115.	32,868,594.	29,914,583.	132,144,662.
24 Line 23 minus line 17	7,274,822.	6,224,783.	20,437,046.	21,080,044.	55,016,695.
25 Enter 1% of line 23	363,754.	329,861.	328,686.	299,146.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	1,100,334.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	55,016,695.
d Add Amounts from column (e) for lines: 18 <u>5,189,845.</u> 19 _____ 22 <u>1,403,572.</u> 26b _____	26d	6,593,417.
e Public support (line 26c minus line 26d total)	26e	48,423,278.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	88.0156%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) N/A (2003) _____ (2002) _____ (2001) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____

c Add Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A
d Add Line 27a total _____ and line 27b total _____	27d	N/A
e Public support (line 27c total minus line 27d total)	27e	N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f	N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Schedule A (Form 990 or 990-EZ) 2005

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

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
COMMERCIAL PROPERTY	1	13,800.	
TOTAL TO FORM 990, PART I, LINE 6A		13,800.	

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
GAIN/LOSS ON SECURITIES	5,431,070.	442,397.	0.	4,988,673.	
TO FORM 990, PART I, LINE 8	5,431,070.	442,397.	0.	4,988,673.	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	3
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
SPORTS SWEEPSTAKES	758,458.	347,422.	411,036.	411,036.	0.	
GOLF TOURNAMENT ASSOCIATES "700 SUNDAYS"	407,049.	202,668.	204,381.	204,381.	0.	
THEATER	309,336.	205,116.	104,220.	104,220.	0.	
OTHER EVENTS	720,621.	516,012.	204,609.	204,609.	0.	
TO FM 990, PART I, LINE 9	2,195,464.	1,271,218.	924,246.	924,246.	0.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION	AMOUNT		
UNREALIZED LOSS ON INVESTMENT	<2,994,993.>		
CHANGE IN ANNUITIES PAYABLE	<31,262.>		
CHANGE IN THE VALUE OF CHARITABLE REMAINDER TRUST	<77,784.>		
ABANDONMENT OF FIXED ASSETS	<45,563.>		
TOTAL TO FORM 990, PART I, LINE 20	<3,149,602.>		

FORM 990.

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT & PROFESSIONAL SERVICES	1,617,585.	1,207,916.	127,166.	282,503.
DIRECT SERVICES	3,676,860.	2,842,146.	6,837.	827,877.
FOOD & PROVISIONS	1,005,375.	963,206.	22,936.	19,233.
LIABILITY INSURANCE	389,213.	389,161.	52.	
MISCELLANEOUS EXP	22,316.	14,945.	6,916.	455.
BAD DEBT EXP	1,488.		1,488.	
IN-KIND MATERIAL	24,468.	24,468.		
SPECIAL EVENTS				
DIRECT EXPENSE INVESTMENT	<924,246.>			<924,246.>
MANAGEMENT FEES	98,035.		98,035.	
PUBLIC RELATIONS	78,180.	51,684.	14,023.	12,473.
CLINICAL SOCIAL WORKERS	208,648.	137,936.	37,424.	33,288.
GENERAL CONTRACTORS	372,572.	246,306.	66,826.	59,440.
TOTAL TO FM 990, LN 43	6,570,494.	5,877,768.	381,703.	311,023.

FORM 990.

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ELIAS LEFFERMAN	219,851.	39,851.		259,702.
A. PROGRAM SERVICES	200,241.	34,324.		234,565.
B. MANAGEMENT AND GENERAL	14,872.	4,904.		19,776.
C. FUNDRAISING	4,738.	623.		5,361.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
AMY JAFFE	145,452.	20,872.		166,324.
A. PROGRAM SERVICES	132,478.	17,977.		150,455.
B. MANAGEMENT AND GENERAL	9,833.	2,569.		12,402.
C. FUNDRAISING	3,141.	326.		3,467.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
L. MICHELLE MCDONALD	131,859.	19,076.		150,935.
A. PROGRAM SERVICES	120,097.	16,430.		136,527.
B. MANAGEMENT AND GENERAL	8,914.	2,348.		11,262.
C. FUNDRAISING	2,848.	298.		3,146.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JERRY ZASLAW	135,162.	7,268.		142,430.
A. PROGRAM SERVICES	123,106.	6,260.		129,366.
B. MANAGEMENT AND GENERAL	9,137.	895.		10,032.
C. FUNDRAISING	2,919.	113.		3,032.
TOTAL PROGRAM SERVICES				650,913.
TOTAL MANAGEMENT AND GENERAL				53,472.
TOTAL FUNDRAISING				15,006.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>719,391.</u>

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP	SEE STATEMENT D		UNRELATED	56,869.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>56,869.</u>

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS	FMV	434,989.			434,989.
CORPORATE BONDS	FMV		2,341,783.		2,341,783.
MUTUAL FUNDS	FMV			42,662,517.	42,662,517.
CASH SURRENDER VALUE OF LIFE INSURANCE	FMV			34,484.	34,484.
TO FORM 990, LINE 54, COL B		<u>434,989.</u>	<u>2,341,783.</u>	<u>42,697,001.</u>	<u>45,473,773.</u>

FORM 990 · DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING AND IMPROVEMENTS	15,052,870.	0.	15,052,870.
LAND AND IMPROVEMENTS	1,822,297.	0.	1,822,297.
FURNITURE AND EQUIPMENT	1,071,954.	0.	1,071,954.
OTHER	813,713.	0.	813,713.
LEASEHOLD IMPROVEMENTS	564,291.	0.	564,291.
VEHICLES	429,908.	0.	429,908.
ACCUMULATED DEPRECIATION	0.	9,382,283.	<9,382,283.>
TOTAL TO FORM 990, PART IV, LN 57	19,755,033.	9,382,283.	10,372,750.

FORM 990 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	AMOUNT
GIFT ANNUITY PAYABLE	1,490,995.
ACCRUED VACATION	999,639.
ACCRUED PAYROLL	298,845.
CONTRACT RESERVE - WRAPAROUND	885,156.
ACCRUED WORKERS' COMPENSATION	876,922.
OTHER ACCRUED EXPENSES	170,176.
DEFERRED REVENUE	77,651.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	4,799,384.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
SPECIAL EVENTS DIRECT COSTS	924,246.
INVESTMENT MANAGEMENT FEES	<98,035.>
CHANGE IN ANNUITIES PAYABLE	<31,262.>
CHANGE IN THE VALUE OF CHARITABLE REMAINDER TRUST	<77,784.>
TOTAL TO FORM 990, PART IV-A	717,165.

FORM 990.	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 12
DESCRIPTION		AMOUNT
SPECIAL EVENTS DIRECT COSTS		924,246.
ABANDONMENT OF FIXED ASSETS		45,563.
TOTAL TO FORM 990, PART IV-B		969,809.

FORM 990.

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 13

INDIVIDUAL'S NAME

TITLE OR ROLE

BETTY SIGOLOFF

BOARD MEMBER

INDIVIDUAL'S NAME

TITLE OR ROLE

DANA SIGOLOFF

BOARD MEMBER

EXPLANATION OF RELATIONSHIP

MOTHER/DAUGHTER IN-LAW

INDIVIDUAL'S NAME

TITLE OR ROLE

DONALD S. WOLF

BOARD MEMBER

INDIVIDUAL'S NAME

TITLE OR ROLE

ELAINE WOLF

BOARD MEMBER

EXPLANATION OF RELATIONSHIP

HUSBAND AND WIFE

SCHEDULE A

EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS
PART III, LINE 3A

STATEMENT 14

SEE STATEMENT C

SCHEDULE . A	OTHER INCOME			STATEMENT 15
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER INCOME	628,186.	322,014.	178,009.	275,363.
TOTAL TO SCHEDULE A, LINE 22	<u>628,186.</u>	<u>322,014.</u>	<u>178,009.</u>	<u>275,363.</u>

VISTA DEL MAR CHILD & FAMILY SERVICES

EIN: 95-1647832

For Fiscal Year Ended 6/30/06

2005 Form 990, Page 3, Part III

Vista Del Mar Child and Family Services (Vista Del Mar) is a multi-service child and welfare/behavioral health agency licensed by the California State Department of Social Services. Vista Del Mar provides scholastic and vocational training, as well as counseling and residential services for at-risk and abused children. Additionally, Vista Del Mar operates services for the placement of children in foster homes and adoptions.

Effective July 1, 1997, Julia Ann Singer, Reiss-Davis, and Home-SAFE (entities under Vista Del Mar's common control) merged into Vista Del Mar.

Julia Ann Singer Preschool Psychiatric Center, also known as Julia Ann Singer Preschool Center and Julia Ann Singer Center (the Center), is an outpatient treatment facility serving emotionally disturbed, developmentally delayed, and learning disabled children and their families. The Center is also involved in many other types of programs, such as providing child abuse treatment, behavioral and learning modification, teacher classroom training, and educational conferences.

Reiss-Davis Child Study Center (Reiss-Davis) provides diagnostic evaluation and treatment to emotionally disturbed children and their families who are unable to afford these services in the private sector. Reiss-Davis also provides research in the field of mental health and training programs for graduate students in child psychology.

Home-SAFE Child Care, Inc (Home-SAFE) provides child care, parent education, and counseling services to low-income families. Home-SAFE is also involved in programs to coordinate delivery care systems for high-risk infants and their families, and to provide services for child abuse and neglect prevention and intervention.

Family Service of Santa Monica, which merged with Vista Del Mar on December 27, 2000, provides a broad range of support services to youngsters and families through the Santa Monica Bay and West Los Angeles region including counseling, school age parent and infant development, school based services, an early intervention program, and group workshops.

STATEMENT A

VISTA DEL MAR CHILD AND FAMILY SERVICES
 EIN: 95-1647832
 For Fiscal Year Ended 06/30/06
 2005 Form 990, Page 5, Part V-A

NAME	ADDRESS	TITLE	HOURS PER WEEK	COMPENSATION
Bradley Tabach-Bank	3200 Motor Avenue Los Angeles, CA 90034	Chairman of the Board	1	0
Rick Wolf	3200 Motor Avenue Los Angeles, CA 90034	Vice-Chairman, Finance	1	0
Joel R. Mogy	3200 Motor Avenue Los Angeles, CA 90034	Treasurer	1	0
Lyn Konheim	3200 Motor Avenue Los Angeles, CA 90034	Assistant Treasurer	1	0
Sydney Julien	3200 Motor Avenue Los Angeles, CA 90034	Secretary	1	0
Pamela Pacht	3200 Motor Avenue Los Angeles, CA 90034	Assistant Secretary	1	0
Mrs. Jacob A. Shuken	3200 Motor Avenue Los Angeles, CA 90034	Vice Chairman	1	0
Carol Katzman	3200 Motor Avenue Los Angeles, CA 90034	Vice Chairman	1	0
Sari Eshman	3200 Motor Avenue Los Angeles, CA 90034	Vice Chairman	1	0
Barbara Blackman	3200 Motor Avenue Los Angeles, CA 90034	Vice Chairman	1	0
Mark Slavkin	3200 Motor Avenue Los Angeles, CA 90034	Vice Chairman	1	0
Bruce Kates	3200 Motor Avenue Los Angeles, CA 90034	Immediate Past Chairman of the Board	1	0
Donald J Alschuler	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Leslie Askanas	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Margot Bamberger	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Terry Bell	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Harold D Berkowitz	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Herbert R. Bloch	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Marc Dauber	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Betty Deutsch	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Dee Dee Dorskind	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Helene Feuerstein	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Chester Firestein	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Lucille Fuhrman	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0

NAME	ADDRESS	TITLE	HOURS PER WEEK	COMPENSATION
Jeri Gaile	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Ira Goldberg	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Heidi Haddad	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Lois Harwin	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Marcia Hoffer	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Marla Kantor	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Bruce Kirshbaum	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Fay Kozberg	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
John Lear	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Jean Leserman	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Arthur Malin, M D	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Julie Miller	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Kevin Murray, Senator	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Deedy Oberman	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Cheryl Paller	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Gayle Rodgers	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Luis J. Rodriguez	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Steve Romick	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
A. Stuart Rubin	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Peekie Schaefer	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Don Schwarz	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Larry Schwimmer	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Suzanne Sidy	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Betty Sigoloff	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Dana Sigoloff	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Julie Smooke	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0

NAME		ADDRESS	TITLE	HOURS PER WEEK	COMPENSATION
Mitchell	Stein	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Philip	Stein	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Freda	Teller	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Gene	Viglione	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Antonio	Villaraigosa, Mayor	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Janis	Warner	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Donald	S. Wolf	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Elaine	Wolf	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Suzanne	Yudelson	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0
Walter	Zifkin	3200 Motor Avenue Los Angeles, CA 90034	Director	1	0

VISTA DEL MAR CHILD & FAMILY SERVICES

EIN: 95-1647832

For Fiscal Year Ended 6/30/06

2005 Form 990, Schedule A, Part III, Line 3a

**VISTA DEL MAR CHILD AND FAMILY SERVICES
SCHOLARSHIP PROGRAM OUTLINE**

10/99

I. GOAL

The main goal of the scholarship program is to provide alumni of the residential division financial assistance and guidance for successful post high school education. The scholarship program may provide assistance to residents who, as recommended by the residents treatment team, could benefit by off campus instruction. The scholarship program may provide financial assistance to youth in other divisions i.e. foster care and day treatment, but only if the youth, at one time, was a resident of the residential division.

II. REQUIREMENT GUIDELINES

A. RESIDENTS

In order to be considered for financial assistance a resident must have a demonstrated need that can not be met through on campus resources. They must also demonstrate financial need.

B. ALUMNI

Alumni must be between the ages of 17 and 29. He/She must be enrolled in a minimum of six semester units or corresponding quarter units or training time. In order to be considered for financial assistance alumni must also demonstrate financial need.

III. APPLICATION

A. RESIDENTS

A one page application titled "Resident Scholarship Application" must be submitted to the Scholarship Program Coordinator.

B. ALUMNI

Alumni must complete and submit an application titled "Vista Del Mar Child and Family Services Scholarship Application"

IV. APPLICATION REVIEW

The Scholarship Program Coordinator reviews all applications. Applications are reviewed for completeness and to the extent possible, accuracy. As part of the review, the coordinator may require additional information and or clarification of certain entries. The applicant will be contacted by telephone or letter.

V. APPLICATION RECOMMENDATION

After a complete review of the application it is the responsibility of the Scholarship Program Coordinator to provide the Director of Residential Services with a recommendation. The recommendation will be to either approve or deny the request. It must contain a complete review and assessment of all information. In making a recommendation the coordinator must take all known factors into consideration. Some of these factors are as follows.

- Qualification or disqualification of applicant by other funding sources
- Applicant's income/ expense ratios
- Applicant's stated deficit
- Program average income/expense ratio
- Program average deficit
- Applicant's income from work
- Applicant's GPA in prior units
- Applicant's stated goal and time to completion
- Program yearly award limit

VI. NOTIFICATION OF APPLICANT

The Scholarship Program Coordinator will notify, by letter, all applicants as to the decision to approved or disapproved their request. If disapproved, reasons will be detailed. If approved, conditions of the award will be detailed including award amount and term.

VII. PROGRAM MANAGEMENT

- A. The Scholarship Program Coordinator is responsible to insure that all recipients are entitled to continue funding. The following are some methods used to accomplish the objective.
- Verification of current enrollment
 - Verification of grades
 - Verification of GPA
 - Tracking of awarded checks
 - Scholarships on probation
 - Scholarships on hold
 - Tracking of recipients award term
- B. The Scholarship Program Coordinator must insure that the total yearly awards are maintained at a level not to exceed programs' maximum limit. Two methods used to meet this requirement are quarterly status reports sent to the Director of Residential Services and reports sent to the scholarship committee.

C. The Scholarship Program Coordinator assists recipients in making career, employment, educational objectives, and housing decisions in an attempt to help insure that each recipient attains their educational/vocational objective. Total wellness is emphasized.

D. Award end notification- Within three months of the scheduled end of an award, recipients will receive a letter reminding them of the award ending date. Recipients may be approved for an extension of up to four months of the extension. This will result in the recipient having the opportunity to complete their current educational vocational objective.

SCHOLARSHIP PROGRAM
(Addendum to Program Guidelines 9-3-02)

EXISTING PROGRAM:

Funds available to residents for the following:

While in Care:

- Special Off-Campus classes such as music, vocal, gymnastics.
- Summer camp
- Driver's Training
- Jr. College tuition, books, fees, and supplies

After Discharge:

- College
- Vocational Training Program

Funds available to foster care youth for College, Jr. College and Vocational Training on a case-by-case basis. (Youth graduated from foster care to Independent Living successfully and had been in care more than 12 months; or, child had spent 3 or more years in Vista Del Mar foster care between ages 10-18 and successfully returned home.)

CHANGES IN EFFECT 9-5-02:

Add Driver's Education funds for residents.

Add Day Treatment funding as follows:

- Client must be at least 18 and not over 24.
- Client must have been receiving care as a Day Treatment client for a minimum of 12 months.
- Client must have successfully completed the program within 2 years of graduation from high school.
- Funds must be for College or Vocational Training programs.
- Funding limited to 40 months for a B.A. program and 18 months for a Vocational Training program.
- Funding to be limited to 60% of determined unmet needs or \$160 a month, whichever is less. Maximum semester costs reimbursement set at \$270 per term.

VISTA DEL MAR CHILD AND FAMILY SERVICES
 EIN: 95-1647832
 For Fiscal Year Ended 06/30/06
 2005 Form 990, Part II, Line 22

DATE	NAME	RELATIONSHIP	AMOUNT
8/15/2005	ALEXANDRA D	UNRELATED	\$230 00
10/1/2005	ALEXANDRA D	UNRELATED	\$230 00
10/17/2005	ALEXANDRA D	UNRELATED	\$230 00
11/14/2005	ALEXANDRA D	UNRELATED	\$230 00
12/15/2005	ALEXANDRA D	UNRELATED	\$230 00
1/13/2006	ALEXANDRA D	UNRELATED	\$230 00
2/13/2006	ALEXANDRA D	UNRELATED	\$230 00
3/13/2006	ALEXANDRA D	UNRELATED	\$230 00
4/24/2006	ALEXANDRA D	UNRELATED	\$230 00
5/15/2006	ALEXANDRA D	UNRELATED	\$230 00
8/11/2005	BETH K	UNRELATED	\$225 00
10/1/2005	BETH K	UNRELATED	\$225 00
10/17/2005	BETH K	UNRELATED	\$225 00
11/14/2005	BETH K	UNRELATED	\$225 00
12/15/2005	BETH K	UNRELATED	\$225 00
1/13/2006	BETH K	UNRELATED	\$225 00
2/13/2006	BETH K	UNRELATED	\$225 00
3/13/2006	BETH K	UNRELATED	\$225 00
4/24/2006	BETH K	UNRELATED	\$225 00
5/15/2006	BETH K	UNRELATED	\$225 00
1/30/2006	BRANDON S	UNRELATED	\$260 00
2/13/2006	BRANDON S	UNRELATED	\$260 00
3/13/2006	BRANDON S	UNRELATED	\$260 00
4/24/2006	BRANDON S	UNRELATED	\$260 00
5/15/2006	BRANDON S	UNRELATED	\$260 00
8/11/2005	CHAD S	UNRELATED	\$240 00
10/1/2005	CHAD S	UNRELATED	\$240 00
10/17/2005	CHAD S	UNRELATED	\$240 00
11/14/2005	CHAD S	UNRELATED	\$240 00
12/15/2005	CHAD S	UNRELATED	\$240 00
1/13/2006	CHAD S	UNRELATED	\$240 00
2/13/2006	CHAD S	UNRELATED	\$240 00
3/13/2006	CHAD S	UNRELATED	\$240 00
5/15/2006	CHAD S	UNRELATED	\$240 00
4/24/2006	CHAD S	UNRELATED	\$240 00
8/11/2005	CHRIS S	UNRELATED	\$260 00
10/1/2005	CHRIS S	UNRELATED	\$260 00
10/17/2005	CHRIS S	UNRELATED	\$260 00
11/14/2005	CHRIS S	UNRELATED	\$260 00
12/15/2005	CHRIS S	UNRELATED	\$260 00
1/17/2006	CHRIS S	UNRELATED	\$260 00
2/13/2006	CHRIS S	UNRELATED	\$260 00
3/13/2006	CHRIS S	UNRELATED	\$260 00
4/24/2006	CHRIS S	UNRELATED	\$260 00
5/15/2006	CHRIS S	UNRELATED	\$260 00
9/19/2005	DAMIEN L	UNRELATED	\$220 00
10/1/2005	DAMIEN L	UNRELATED	\$220 00
10/17/2005	DAMIEN L	UNRELATED	\$220 00
8/22/2005	DARYN H	UNRELATED	\$225 00
10/1/2005	DARYN H	UNRELATED	\$225 00
10/17/2005	DARYN H	UNRELATED	\$225 00
11/14/2005	DARYN H	UNRELATED	\$225 00
12/15/2005	DARYN H	UNRELATED	\$225 00
1/13/2006	DARYN H	UNRELATED	\$225 00
2/13/2006	DARYN H	UNRELATED	\$225 00
3/13/2006	DARYN H	UNRELATED	\$225 00
4/24/2006	DARYN H	UNRELATED	\$225 00

VISTA DEL MAR CHILD AND FAMILY SERVICES
 EIN: 95-1647832
 For Fiscal Year Ended 06/30/06
 2005 Form 990, Part II, Line 22

<u>DATE</u>	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
5/15/2006	DARYN H	UNRELATED	\$225 00
10/1/2005	DIANE W	UNRELATED	\$240 00
10/17/2005	DIANE W	UNRELATED	\$240 00
11/14/2005	DIANE W	UNRELATED	\$240 00
12/15/2005	DIANE W	UNRELATED	\$240.00
1/13/2006	DIANE W	UNRELATED	\$240 00
2/13/2006	DIANE W	UNRELATED	\$240 00
3/13/2006	DIANE W	UNRELATED	\$240 00
4/24/2006	DIANE W	UNRELATED	\$240 00
5/15/2006	DIANE W	UNRELATED	\$240 00
8/11/2005	DIANN A	UNRELATED	\$150 00
10/1/2005	DIANN A	UNRELATED	\$150 00
10/17/2005	DIANN A	UNRELATED	\$150 00
11/14/2005	DIANN A	UNRELATED	\$150 00
12/15/2005	DIANN A	UNRELATED	\$150 00
1/13/2006	DIANN A	UNRELATED	\$150 00
2/13/2006	DIANN A	UNRELATED	\$150 00
3/13/2006	DIANN A	UNRELATED	\$150 00
4/24/2006	DIANN A	UNRELATED	\$150 00
5/15/2006	DIANN A	UNRELATED	\$150 00
7/14/2005	DIANN A	UNRELATED	\$150 00
8/15/2005	DRAUPADI A	UNRELATED	\$500 00
3/20/2006	DRAUPADI A	UNRELATED	\$500 00
8/11/2005	JENNA A	UNRELATED	\$220 00
10/1/2005	JENNA A	UNRELATED	\$220 00
10/17/2005	JENNA A	UNRELATED	\$220 00
11/14/2005	JENNA A	UNRELATED	\$220 00
12/15/2005	JENNA A	UNRELATED	\$220 00
1/13/2006	JENNA A	UNRELATED	\$220 00
2/13/2006	JENNA A	UNRELATED	\$220 00
3/13/2006	JENNA A	UNRELATED	\$220 00
4/24/2006	JENNA A	UNRELATED	\$220 00
5/15/2006	JENNA A	UNRELATED	\$220 00
7/20/2005	JENNIFER H	UNRELATED	\$600 00
12/15/2005	JENNIFER H	UNRELATED	\$250 00
3/8/2006	JENNIFER H	UNRELATED	\$250 00
5/27/2006	JENNIFER H	UNRELATED	\$250 00
1/5/2006	JORDAN M	UNRELATED	\$500 00
2/27/2006	JORDAN M	UNRELATED	\$500 00
6/5/2006	JORDAN M	UNRELATED	\$500 00
8/1/2005	JORDAN M	UNRELATED	\$500 00
8/11/2005	JOSEPH K	UNRELATED	\$300 00
10/1/2005	JOSEPH K	UNRELATED	\$300 00
10/17/2005	JOSEPH K	UNRELATED	\$300 00
11/14/2005	JOSEPH K	UNRELATED	\$300 00
12/15/2005	JOSEPH K	UNRELATED	\$300 00
1/13/2006	JOSEPH K	UNRELATED	\$300 00
2/13/2006	JOSEPH K	UNRELATED	\$300 00
3/13/2006	JOSEPH K	UNRELATED	\$300 00
4/24/2006	JOSEPH K	UNRELATED	\$300 00
5/15/2006	JOSEPH K	UNRELATED	\$300 00
6/14/2006	JOSEPH K	UNRELATED	\$300 00
2/27/2006	JOSEPH G	UNRELATED	\$500 00
9/19/2005	JOSEPH G	UNRELATED	\$500 00
3/20/2006	JOSHUA A	UNRELATED	\$143 54
6/29/2006	JOSHUA A	UNRELATED	\$308 12
8/29/2005	JULIA T	UNRELATED	\$285 00

VISTA DEL MAR CHILD AND FAMILY SERVICES
 EIN: 95-1647832
 For Fiscal Year Ended 06/30/06
 2005 Form 990, Part II, Line 22

DATE	NAME	RELATIONSHIP	AMOUNT
10/1/2005	JULIA T	UNRELATED	\$285 00
10/17/2005	JULIA T	UNRELATED	\$285 00
11/14/2005	JULIA T	UNRELATED	\$285 00
12/15/2005	JULIA T	UNRELATED	\$285 00
1/13/2006	JULIA T	UNRELATED	\$285 00
2/13/2006	JULIA T	UNRELATED	\$285 00
3/13/2006	JULIA T	UNRELATED	\$285 00
4/24/2006	JULIA T	UNRELATED	\$285 00
4/30/2006	J Tuiman	UNRELATED	\$285 00
5/15/2006	JULIA T	UNRELATED	\$285 00
1/25/2006	KATE M	UNRELATED	\$700 00
2/13/2006	KATE M	UNRELATED	\$350 00
3/13/2006	KATE M	UNRELATED	\$260 00
4/24/2006	KATE M	UNRELATED	\$260 00
5/15/2006	KATE M	UNRELATED	\$260 00
10/3/2005	KATHERINE T	UNRELATED	\$225 00
10/17/2005	KATHERINE T	UNRELATED	\$225 00
11/14/2005	KATHERINE T	UNRELATED	\$225 00
12/15/2005	KATHERINE T	UNRELATED	\$225 00
1/13/2006	KATHERINE T	UNRELATED	\$225 00
2/13/2006	KATHERINE T	UNRELATED	\$225 00
3/13/2006	KATHERINE T	UNRELATED	\$225 00
8/29/2005	LAUREN G	UNRELATED	\$280 00
10/1/2005	LAUREN G	UNRELATED	\$280 00
10/17/2005	LAUREN G	UNRELATED	\$280 00
11/14/2005	LAUREN G	UNRELATED	\$280 00
12/15/2005	LAUREN G	UNRELATED	\$280 00
1/13/2006	LAUREN G	UNRELATED	\$280 00
2/13/2006	LAUREN G	UNRELATED	\$280 00
3/13/2006	LAUREN G	UNRELATED	\$280 00
4/24/2006	LAUREN G	UNRELATED	\$280 00
5/15/2006	LAUREN G	UNRELATED	\$280 00
6/14/2006	LAUREN G	UNRELATED	\$280 00
9/12/2005	MICHAEL A	UNRELATED	\$500 00
5/15/2006	MICHAEL A	UNRELATED	\$180 00
8/11/2005	MICHELLE T	UNRELATED	\$240 00
10/17/2005	MICHELLE T	UNRELATED	\$240 00
11/14/2005	MICHELLE T	UNRELATED	\$240 00
12/15/2005	MICHELLE T	UNRELATED	\$240 00
1/13/2006	MICHELLE T	UNRELATED	\$240 00
2/13/2006	MICHELLE T	UNRELATED	\$240 00
3/13/2006	MICHELLE T	UNRELATED	\$240 00
4/24/2006	MICHELLE T	UNRELATED	\$240 00
5/15/2006	MICHELLE T	UNRELATED	\$240 00
10/1/2005	MICHELLE T	UNRELATED	\$240 00
8/11/2005	RANI R	UNRELATED	\$225 00
10/1/2005	RANI R	UNRELATED	\$225 00
10/17/2005	RANI R	UNRELATED	\$225 00
11/14/2005	RANI R	UNRELATED	\$225 00
12/15/2005	RANI R	UNRELATED	\$225 00
1/13/2006	RANI R	UNRELATED	\$225 00
2/13/2006	RANI R	UNRELATED	\$225 00
3/13/2006	RANI R	UNRELATED	\$225 00
4/24/2006	RANI R	UNRELATED	\$225 00
5/15/2006	RANI R	UNRELATED	\$225 00
9/12/2005	RENITA S	UNRELATED	\$240 00
10/1/2005	RENITA S	UNRELATED	\$240 00

VISTA DEL MAR CHILD AND FAMILY SERVICES
 EIN: 95-1647832
 For Fiscal Year Ended 06/30/06
 2005 Form 990, Part II, Line 22

DATE	NAME	RELATIONSHIP	AMOUNT
10/17/2005	RENITA S	UNRELATED	\$240 00
11/14/2005	RENITA S	UNRELATED	\$240 00
12/15/2005	RENITA S	UNRELATED	\$240 00
1/13/2006	RENITA S	UNRELATED	\$240 00
2/13/2006	RENITA S	UNRELATED	\$240 00
3/13/2006	RENITA S	UNRELATED	\$240 00
5/15/2006	RENITA S	UNRELATED	\$240 00
4/24/2006	RENITA S	UNRELATED	\$240 00
7/14/2005	RENITA S	UNRELATED	\$240 00
3/13/2006	ROBERT B	UNRELATED	\$270 00
8/11/2005	ROBERT B	UNRELATED	\$270 00
10/1/2005	ROBERT B	UNRELATED	\$270 00
10/17/2005	ROBERT B	UNRELATED	\$270 00
11/14/2005	ROBERT B	UNRELATED	\$270 00
12/15/2005	ROBERT B	UNRELATED	\$270 00
12/28/2005	ROBERT B	UNRELATED	\$270 00
2/13/2006	ROBERT B	UNRELATED	\$270 00
4/24/2006	ROBERT B	UNRELATED	\$270 00
5/15/2006	ROBERT B	UNRELATED	\$270 00
6/14/2006	ROBERT B	UNRELATED	\$445 00
6/29/2006	ROBERT B	UNRELATED	\$270 00
8/11/2005	RYAN F	UNRELATED	\$125 00
10/1/2005	RYAN F	UNRELATED	\$125 00
10/17/2005	RYAN F	UNRELATED	\$125 00
11/14/2005	RYAN F	UNRELATED	\$125 00
12/15/2005	RYAN F	UNRELATED	\$125 00
1/13/2006	RYAN F	UNRELATED	\$125 00
2/13/2006	RYAN F	UNRELATED	\$125 00
3/13/2006	RYAN F	UNRELATED	\$125 00
4/24/2006	RYAN F	UNRELATED	\$125 00
5/15/2006	RYAN F	UNRELATED	\$125 00
9/12/2005	SIMON S	UNRELATED	\$325 00
10/1/2005	SIMON S	UNRELATED	\$325 00
10/17/2005	SIMON S	UNRELATED	\$325 00
12/12/2005	SIMON S	UNRELATED	\$500 00
12/15/2005	SIMON S	UNRELATED	\$325 00
1/13/2006	SIMON S	UNRELATED	\$325 00
2/13/2006	SIMON S	UNRELATED	\$325 00
3/13/2006	SIMON S	UNRELATED	\$325 00
4/24/2006	SIMON S	UNRELATED	\$325 00
8/15/2005	TATIANA B	UNRELATED	\$125 00
10/1/2005	TATIANA B	UNRELATED	\$125 00
10/17/2005	TATIANA B	UNRELATED	\$125 00
11/14/2005	TATIANA B	UNRELATED	\$125 00
12/15/2005	TATIANA B	UNRELATED	\$125 00
1/13/2006	TATIANA B	UNRELATED	\$125 00
2/13/2006	TATIANA B	UNRELATED	\$125 00
3/13/2006	TATIANA B	UNRELATED	\$125 00
4/24/2006	TATIANA B	UNRELATED	\$125 00
5/15/2006	TATIANA B	UNRELATED	\$125 00
8/8/2005	TOBIAS N	UNRELATED	\$112 00
1/30/2006	YURI R	UNRELATED	\$240 00
2/13/2006	YURI R	UNRELATED	\$260 00
3/13/2006	YURI R	UNRELATED	\$260 00
4/24/2006	YURI R	UNRELATED	\$260 00
5/15/2006	YURI R	UNRELATED	\$260 00
			56,869

VISTA DEL MAR CHILD AND FAMILY SERVICES

FN: 95-1647832

For Fiscal Year Ended 06/30/06

2005 RRF-1, Line 6

Contracting Agency	Contact Person	Mailing Address	Phone Number
LA County DCFS - Level 12	Eddie Otta	425 Shatto Place, Room 205 Los Angeles, CA 90020	(213) 351-5557
LA County DCFS - CTF	Burt Villaroel	425 Shatto Place, Room 205 Los Angeles, CA 90020	(213) 351-5830
LA County DCFS - FFA	Felicia Carreker	425 Shatto Place, Room 400 Los Angeles, CA 90020	(213) 351-3255
CA Dept. of Education WorkAbility	Robert Snowden, Ed D	Special Education Division 1430 "N" Street, Suite 2401 Sacramento, CA 95814-5901	(916) 323-3309
CA Dept of Education Childcare Program	Alicia Hetman	1430 "N" Street, Suite 2213 Sacramento, CA 95814-5901	(916) 323-2133
US Dept of Health & Human Svcs Early Head Start	Susan Honciano	Region IX 50 United Nations Plaza San Francisco, CA 94102	(415) 437-8065
City of Los Angeles LA Bridges	Susan Rabinovitz	Childrens Hospital, Los Angeles PO Box 54700 - M/S #2 Los Angeles, CA 90054-0700	(323) 669-2503
Dept of Child and Family Svcs.	Sonnie Mak	425 Shatto Place, Room 400 Los Angeles, CA 90020	(213) 351-5556
Dept of Child and Family Svcs	Susan Lee & Carmen Cedillo	425 Shatto Place, Room 500 Los Angeles, CA 90020	(213) 365-7400 ext 10
LA County Dept. of Mental Health	Sue Zavack	550 S Vermont Ave Los Angeles, CA 90020	(310) 268-2509
City of Santa Monica	Julie Taren	1685 Main St PO Box 2200 Santa Monica, CA 90407	(310) 458-8701
Shasta County Dept of Mental Health	Dawn Duckett	2640 Breslauer Way P.O. Box 496048 Redding, CA 96049-6048	(530) 225-3682
LAUSD	Eileen B Skone-Rees	333 S Beaudry Ave , 17th Floor Los Angeles, CA 90017	(213) 241-3373
Santa Monica-Malibu Unified School District	Judy Abdo	1651 Sixteenth Street Santa Monica, CA 90404	(213) 241-3373
LA County Childrens and Families First (AKA First 5 LA)	Anne Farrell	750 N Alameda Street Los Angeles, CA 90012	(213) 482-7561
CA Dept of Education Pre-Kindergarten Resource	Sy Dang Nguyen	Contracts Office 1430 "N" Street, Suite 2213 Sacramento, CA 95814	(916) 323-1309
LA County DCFS - Wraparound	Mike Rauso	425 Shatto Place, Rm 400 Los Angeles, CA 90020	(213) 738-2730
CA Dept. of Education Infant Toddler Resource	Jane Maxwell	Contracts Office 1430 "N" Street, Suite 2213 Sacramento, CA 95814	(916) 323-4905